

RETURN DATE: SEPTEMBER 29, 2020

STATE OF CONNECTICUT

VICTORIA STATION CAFÉ, LLC;  
JNJWEISS CORP.; TARAESTHETICS, LLC;  
AUDREY HUSSEY; AND MIKE FRANCE,

SUPERIOR COURT  
  
JUDICIAL DISTRICT

v.

OF HARTFORD

NED LAMONT.

SEPTEMBER 11, 2020

## **COMPLAINT**

### **COUNT ONE: REGARDING THE DEFENDANT’S DECLARATION OF CIVIL PREPAREDNESS EMERGENCY, ISSUED PURSUANT TO C.G.S. § 28-9**

1. Defendant Ned Lamont is the elected Governor of the State of Connecticut. In his capacity as Governor, the Defendant is the State’s supreme executive officer.  
  
Connecticut Constitution, Art. Fourth, § 5. He is also charged with the duty to “take care that the laws be faithfully executed.” Connecticut Constitution, Art. Fourth, § 12.
2. Article First, § Two, of the Connecticut Constitution provides, “All political power is inherent in the people, and all free governments are founded on their authority, and instituted for their benefit; and they have at all times an undeniable and indefeasible right to alter their form of government in such manner as they may think expedient.”
3. Article Second of the Connecticut Constitution, as amended in 1982, provides,  
  
The powers of government shall be divided into three distinct departments, and each of them confided to a separate magistracy, to wit, those which are legislative, to one; those which are executive, to another; and those which are judicial, to another. The legislative department may delegate regulatory authority to the executive department; except that any administrative regulation of any agency of the executive department may be disapproved by the general assembly or a committee thereof in such manner as shall by law be prescribed.

4. C.G.S. 28-9(a) provides, “[i]n the event of serious disaster, enemy attack, sabotage or other hostile action or in the event of the imminence thereof, the Governor may proclaim that a state of civil preparedness emergency exists, in which event the Governor may personally take direct operational control of any or all parts of the civil preparedness forces and functions in the state.”
5. C.G.S. 28-1(7) defines, a ‘Civil preparedness emergency’ or ‘disaster emergency’ as, an “event of serious disaster or of enemy attack, sabotage or other hostile action within the state or a neighboring state, or in the event of the imminence of such an event.”
6. C.G.S. 28-1(2) defines, a “major disaster” as,

any catastrophe including, but not limited to, any hurricane, tornado, storm, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm or drought, or, regardless of cause, any fire, flood, explosion, or man-made disaster in any part of this state that, (A) in the determination of the President, causes damage of sufficient severity and magnitude to warrant major disaster assistance under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 USC 5121 et seq., as amended from time to time, to supplement the efforts and available resources of this state, local governments within the state, and disaster relief organizations in alleviating the damage, loss, hardship, or suffering caused by such catastrophe, or (B) in the determination of the Governor, requires the declaration of a civil preparedness emergency pursuant to section 28-9.
7. On March 10, 2020, in response to the outbreak of the Coronavirus (aka COVID-19), the Defendant declared, under the auspices of C.G.S. 28-9, a civil preparedness emergency through September 9, 2020. Exhibit A.
8. On September 1, 2020, the Defendant re-declared, again under the auspices of C.G.S. 28-9 a civil preparedness emergency related to COVID-19 through February 9, 2021. Exhibit B.

9. Despite declaring a civil preparedness emergency, the Defendant has not identified any incident of “serious disaster or ... enemy attack, sabotage or other hostile action within the state or a neighboring state, or ... the imminence of such an event” supporting his March 10, 2020 and September 1, 2020 declarations of civil preparedness emergency.
10. No “serious disaster or ... enemy attack, sabotage or other hostile action within the state or a neighboring state, or ... the imminence of such an event” existed on March 10, 2020 -- the day the Defendant originally declared a civil preparedness emergency.
11. No “serious disaster or ... enemy attack, sabotage or other hostile action within the state or a neighboring state, or ... the imminence of such an event” existed on September 1, 2020 -- the day the Defendant re-declared a civil preparedness emergency.
12. Despite declaring a civil preparedness emergency, the Defendant has not identified any incident of “hurricane, tornado, storm, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm or drought, ... fire, flood, explosion, or man-made disaster” supporting his March 10, 2020 and September 1, 2020 declarations of civil preparedness emergency.
13. No incident of “hurricane, tornado, storm, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm or drought, ... fire, flood, explosion, or man-made disaster” existed on March 10, 2020 -- the day the Defendant originally declared a civil preparedness emergency.

14. No incident of “hurricane, tornado, storm, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm or drought, ... fire, flood, explosion, or man-made disaster” existed on September 1, 2020 -- the day the Defendant re-declared a civil preparedness emergency.
15. C.G.S. 28-9(b)(1) provides,

Following the Governor's proclamation of a civil preparedness emergency pursuant to subsection (a) of this section ..., the Governor may modify or suspend in whole or in part, by order as hereinafter provided, any statute, regulation or requirement or part thereof whenever the Governor finds such statute, regulation or requirement, or part thereof, is in conflict with the efficient and expeditious execution of civil preparedness functions or the protection of the public health. The Governor shall specify in such order the reason or reasons therefor and any statute, regulation or requirement or part thereof to be modified or suspended and the period, not exceeding six months unless sooner revoked, during which such order shall be enforced.
16. Throughout the overlapping terms of his declarations of civil preparedness emergency, the Defendant has invoked the authority ostensibly vested in him by C.G.S. 28-9(b)(1) to unilaterally issue approximately seventy Executive Orders, modifying and/or suspending various duly enacted state statutes and regulations.
17. These Executive Orders have affected Connecticut’s residents, businesses, and visitors by negatively impacting on their rights of association, congregation, and conducting business in the state, as well as travel by its residents outside the state among other rights.
18. Plaintiff Victoria Station Café, LLC (“Victoria Station”) is a business entity established in the state of Connecticut as a corporation for the purposes of providing restaurant services to the general public. Victoria Station is, and has been directly and

unusually restricted by the Defendant's Executive Orders from conducting its business at its usual and customary capacity.

19. Plaintiff JnJWeiss Corp. ("JnJWeiss") is a business entity established in the state of Connecticut as a corporation for the purposes of providing restaurant services to the general public. JnJWeiss is, and has been directly and unusually restricted by the Defendant's Executive Orders from conducting its business at its usual and customary capacity.
20. Plaintiff Taraesthetics, LLC ("Taraesthetics") is a business entity established in the state of Connecticut as a Limited Liability Company for the purposes of providing skin care services to the general public. Due to the Defendant's Executive Orders, Taraesthetics has been directly prohibited from conducting its business and has been unable to perform its otherwise legal, and usually rendered skin care services.
21. Plaintiff Audrey Hussey ("Hussey") is a resident of the State of Connecticut, who is negatively impacted by the Defendant's Executive Orders in that she was fined by the Connecticut Department of Public Health for allegedly violating the Defendant's Executive Order 7III involving travel from and to the state of Connecticut.
22. Plaintiff Mike France ("Representative France") is a member of the Connecticut General Assembly, serving as State Representative for the 42<sup>nd</sup> District. Since March 10, 2020, the Defendant has usurped the power of the Legislative Branch, modifying and/or suspending statutes and regulations (the constitutional province of the legislature), thereby shutting out Representative France from his duties and opportunities as a member of the Legislative Branch - a co-equal branch of state

government - preventing the residents of the 42<sup>nd</sup> District from their constitutionally protected representation in state government.

23. Through its passage of C.G.S. § 28-1, et seq., the legislature has created the basis, and process, by which a governor may declare a civil preparedness emergency, and if the mandatory criteria are met, the extraordinary powers that flow therefrom.
24. Any declaration of civil preparedness emergency issued in the absence of the mandatory criteria set forth in C.G.S. § 28-1, et seq., is beyond statutory and constitutional power of the Defendant, and therefore, illegal.
25. Neither on March 10, 2020, nor on September 1, 2020, did the mandatory criteria required to declare a civil preparedness emergency pursuant to C.G.S. 28-9 exist.
26. Despite the non-existence of the mandatory criteria required to declare a civil preparedness emergency pursuant to C.G.S. 28-9, the Defendant declared such emergencies.
27. Pursuant to the Defendant's civil preparedness emergency declarations, the Defendant acted as if such declarations were legal and valid, when they were not.
28. The Defendant has employed the full power of the state, under color of law, to enforce against the Plaintiffs, the Executive Orders the Defendant issued pursuant to such illegal and invalid declarations.
29. The Defendant's usurpation of the powers of the Legislative Branch, under the auspices of a "civil preparedness emergency" that does not exist, violates the separation of powers doctrine of the Connecticut Constitution.

30. But for the Defendant's Executive Orders, issued pursuant to his illegally declared civil preparedness emergencies, Victoria Station would not have been restricted in its business and would not have been injured.
31. But for the Defendant's Executive Orders, issued pursuant to his illegally declared civil preparedness emergencies, JnJWeiss would not have been restricted in its business and would not have been injured.
32. But for the Defendant's Executive Orders, issued pursuant to his illegally declared civil preparedness emergencies, Taraesthetics would not have been prohibited from conducting its business and would not have been injured.
33. But for the Defendant's Executive Orders, issued pursuant to his illegally declared civil preparedness emergencies, Hussey would not have been fined and would not have been injured.
34. But for the Defendant's Executive Orders, issued pursuant to his illegally declared civil preparedness emergencies, Representative France's legislative power would not have been usurped by the Executive Branch and he would not have been injured.
35. Each of the Plaintiffs have been directly injured, and continue to be injured, by the Defendant's misconduct.

COUNT TWO: REGARDING THE DEFENDANT'S DECLARATION OF A PUBLIC HEALTH EMERGENCY, ISSUED PURSUANT TO C.G.S. § 19a-131a

1. Defendant Ned Lamont is the elected Governor of the State of Connecticut. In his capacity as Governor, the Defendant is the State's supreme executive officer. Connecticut Constitution, Art. Fourth, § 5. He is also charged with the duty to "take care that the laws be faithfully executed." Connecticut Constitution, Art. Fourth, § 12.

2. Article First, § Two, of the Connecticut Constitution provides, “All political power is inherent in the people, and all free governments are founded on their authority, and instituted for their benefit; and they have at all times an undeniable and indefeasible right to alter their form of government in such manner as they may think expedient.”
3. Article Second of the Connecticut Constitution, as amended in 1982, provides,

The powers of government shall be divided into three distinct departments, and each of them confided to a separate magistracy, to wit, those which are legislative, to one; those which are executive, to another; and those which are judicial, to another. The legislative department may delegate regulatory authority to the executive department; except that any administrative regulation of any agency of the executive department may be disapproved by the general assembly or a committee thereof in such manner as shall by law be prescribed.
4. Article Third, § One, of the Connecticut Constitution provides, “The legislative power of the state shall be vested in two distinct houses or branches; the one to be styled the senate, the other the house of representatives, and both together the general assembly. The style of their laws shall be: Be it enacted by the Senate and House of Representatives in General Assembly convened.”
5. The Defendant, in his capacity as Governor, is required to “from time to time, give to the general assembly, information of the state of the government, and recommend to their consideration such measures as he shall deem expedient.” Connecticut Constitution, Art. Fourth, § 11.
6. Article Twelve of the Connecticut Constitution, as amended in 1974, provides,

Amendments to this constitution may be proposed by any member of the senate or house of representatives. An amendment so proposed, approved upon roll call by a yea vote of at least a majority, but by less than three-fourths, of the total membership of each house, shall be published with the laws which may have been passed at the same session



and be continued to the regular session of the general assembly elected at the next general election to be held on the Tuesday after the first Monday of November in an even-numbered year. An amendment so proposed, approved upon roll call by a yea vote of at least three-fourths of the total membership of each house, or any amendment which, having been continued from the previous general assembly, is again approved upon roll call by a yea vote of at least a majority of the total membership of each house, shall, by the secretary of the state, be transmitted to the town clerk in each town in the state, whose duty it shall be to present the same to the electors thereof for their consideration at the next general election to be held on the Tuesday after the first Monday of November in an even-numbered year. If it shall appear, in a manner to be provided by law, that a majority of the electors present and voting on such amendment at such election shall have approved such amendment, the same shall be valid, to all intents and purposes, as a part of this constitution. Electors voting by absentee ballot under the provisions of the statutes shall be considered to be present and voting.

7. C.G.S. § 19a-131(a) requires that,

[i]n the event of a state-wide or regional public health emergency, the Governor shall make a good faith effort to inform the legislative leaders specified in subsection (b) of this section before declaring that the emergency exists and may do any of the following: (1) Order the commissioner to implement all or a portion of the public health emergency response plan developed pursuant to section 19a-131g; (2) authorize the commissioner to isolate or quarantine persons in accordance with section 19a-131b; (3) order the commissioner to vaccinate persons in accordance with section 19a-131e; (4) apply for and receive federal assistance; or (5) order the commissioner to suspend certain license renewal and inspection functions during the period of the emergency and during the six-month period following the date the emergency is declared to be over.

8. C.G.S. § 19a-131(8) defines a “public health emergency” as,

an occurrence or imminent threat of a communicable disease, except sexually transmitted disease, or contamination caused or believed to be caused by bioterrorism, an epidemic or pandemic disease, a natural disaster, a chemical attack or accidental release or a nuclear attack or accident that poses a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability.

9. On March 10, 2020, in response to the outbreak of the Coronavirus (aka COVID-19), the Defendant declared, without qualification, findings or express authorization by the legislature, pursuant to C.G.S. 19a-131a, a public health emergency through September 9, 2020. Exhibit A.
10. On September 1, 2020, the Defendant re-declared, once again without qualification, findings or express authorization by the legislature, pursuant to C.G.S. 19a-131a, a public health emergency related to COVID-19, through February 9, 2021. Exhibit B.
11. C.G.S. 28-9(b)(1) provides,

Following the Governor's ... declaration of a public health emergency pursuant to section 19a-131a, the Governor may modify or suspend in whole or in part, by order as hereinafter provided, any statute, regulation or requirement or part thereof whenever the Governor finds such statute, regulation or requirement, or part thereof, is in conflict with the efficient and expeditious execution of civil preparedness functions or the protection of the public health. The Governor shall specify in such order the reason or reasons therefor and any statute, regulation or requirement or part thereof to be modified or suspended and the period, not exceeding six months unless sooner revoked, during which such order shall be enforced.
12. Throughout the overlapping terms of his declarations of public health emergency, the Defendant has, ostensibly under the authority vested in him by C.G.S. 28-9(b)(1), unilaterally issued approximately seventy Executive Orders, modifying and/or suspending various state statutes and regulations.
13. These Executive Orders have affected Connecticut's residents, businesses, and visitors by negatively impacting on their rights of association, congregation, and conducting business in the state, as well as travel by its residents outside the state, among other rights.

14. Plaintiff Victoria Station Café, LLC (“Victoria Station”) is a business entity established in the state of Connecticut as a corporation for the purposes of providing restaurant services to the general public. Victoria Station is, and has been directly and unusually restricted by the Defendant’s Executive Orders from conducting its business at its usual and customary capacity.
15. Plaintiff JnJWeiss Corp. (“JnJWeiss”) is a business entity established in the state of Connecticut as a corporation for the purposes of providing restaurant services to the general public. JnJWeiss is, and has been directly and unusually restricted by the Defendant’s Executive Orders from conducting its business at its usual and customary capacity.
16. Plaintiff Taraesthetics, LLC (“Taraesthetics”) is a business entity established in the state of Connecticut as a Limited Liability Company for the purposes of providing skin care services to the general public. Due to the Defendant’s Executive Orders, Taraesthetics has been directly prohibited from conducting its business and has been unable to perform its otherwise legal, and usually rendered skin care services.
17. Plaintiff Audrey Hussey (“Hussey”) is a resident of the State of Connecticut, who is negatively impacted by the Defendant’s Executive Orders in that she was fined by the Connecticut Department of Public Health for allegedly violating the Defendant’s Executive Order 7III involving travel from and to the state of Connecticut.
18. Plaintiff Mike France (“Representative France”) is a member of the Connecticut General Assembly, serving as State Representative for the 42<sup>nd</sup> District. Since March 10, 2020, the Defendant has usurped the power of the Legislative Branch, modifying

and/or suspending statutes and regulations (the constitutional province of the legislature), thereby shutting out Representative France from his duties and opportunities as a member of the Legislative Branch - a co-equal branch of state government - preventing the residents of the 42<sup>nd</sup> District from their constitutionally protected representation in state government.

19. The Connecticut Department of Public Health (“DPH”) compiles and publishes the numbers of people who are tested for COVID-19 in Connecticut.
20. DPH compiles and publishes the numbers of people who test positive and negative for COVID-19 in Connecticut.
21. DPH compiles and publishes the numbers of people who are hospitalized due to COVID-19 and people who die from COVID-19 in Connecticut.
22. As of May 1, 2020, the DPH reported that, in Connecticut, there were 2339 COVID-19 related deaths, and 1592 patients were hospitalized with COVID-19.<sup>1</sup>
23. As of May 31, 2020, DPH reported there had been 3964 COVID-19 related deaths (+1625 from the May 1, 2020 report) and 454 patients were hospitalized (-1138 from the May 1, 2020 report).<sup>2</sup>
24. As of June 30, 2020, DPH reported there had been 4324 COVID-19 related deaths (+364 from the May 31, 2020 report) and 100 patients were hospitalized (-354 from the May 31, 2020 report).<sup>3</sup>

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<sup>1</sup> Exhibit C: Connecticut Department of Public Health, “COVID-19 Update, May 1 2020.”

<sup>2</sup> Exhibit D: Connecticut Department of Public Health, “COVID-19 Update, June 1 2020.”

<sup>3</sup> Exhibit E: Connecticut Department of Public Health, “COVID-19 Update, July 1 2020.”

25. As of August 31, 2020, it reported there had been 4466 COVID-19 related deaths (+142 from the June 30, 2020 report) and only 56 patients were hospitalized (-44 from the June 30, 2020 report) with COVID-19.<sup>4</sup>
26. In conjunction with the Connecticut Department of Education (“SDE”), the DPH published a document titled CT School Learning Model Indicators.<sup>5</sup>
27. Within CT School Learning Model Indicators is the following table:<sup>6</sup>

**Summary Table**

September 3, 2020

	Leading		Secondary			
	New COVID-19 cases per 100,000 population per day (7-day average)	Leading Indicator Risk Category	Percent test positivity (7-day average)	New COVID-19 hospitalizations per 100,000 population per day (7-day average)	Percent COVID-19-like illness hospital ED visits (7-day average)	Secondary Indicators Risk Category
Fairfield	4.3	Low	1.5%	0.3	2.9%	Low
Hartford	3.6	Low	1.2%	0.5	1.0%	Low
Litchfield	4.1	Low	1.2%	0.2	1.0%	Low
Middlesex	2.7	Low	0.5%	0.4	1.0%	Low
New Haven	2.3	Low	0.7%	0.4	2.1%	Low
New London	2.0	Low	0.7%	0.3	1.3%	Low
Tolland	4.7	Low	2.0%	0.0	0.7%	Low
Windham	2.4	Low	1.1%	0.1	0.8%	Low
Connecticut	3.4	-	1.0%	0.3	1.6%	-

Data reported for the period Aug 23-29 based on data available as of Sept 2 at 8:30PM. Dates are based on date of specimen collection (cases and positivity), date of hospital admission, or date of ED visit. Case and test counts do not include cases and tests among people residing in congregate settings, such as nursing homes, assisted living facilities, or correctional facilities. All data are preliminary.

Source: CT Department of Public Health • Created with Datawrapper

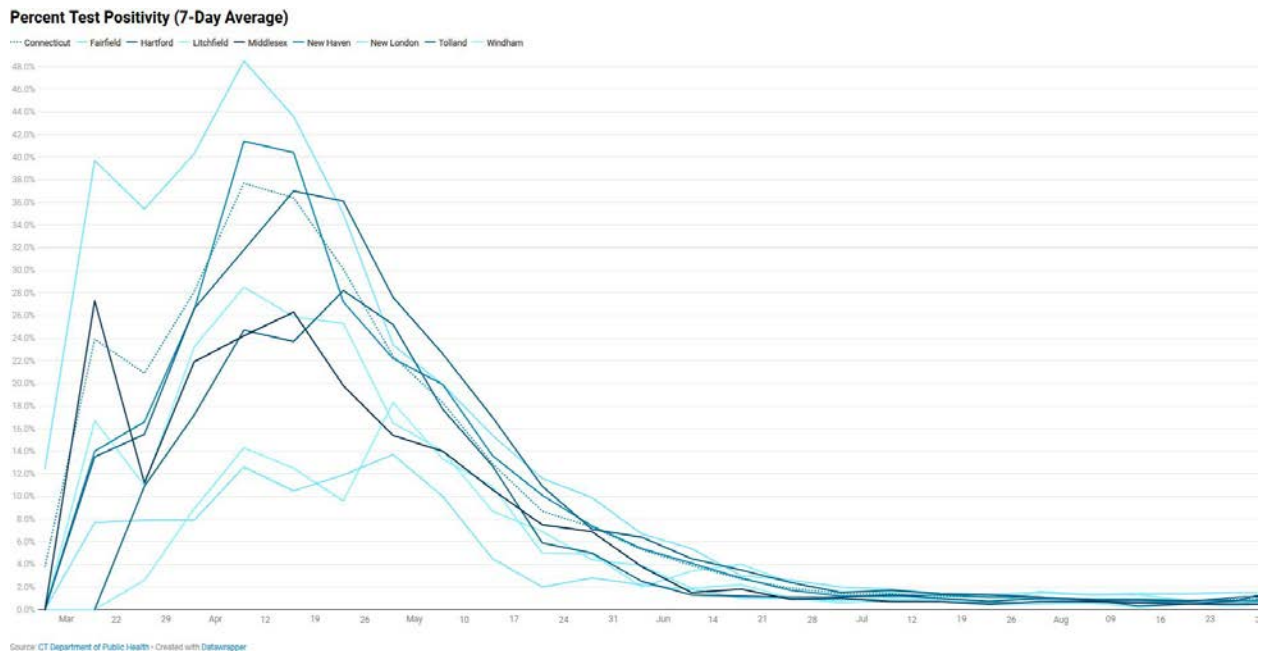
28. As shown in the table, as of September 3, 2020, the DPH and the SDE categorize both the Leading Indicator Risks and the Secondary Indicator Risks in every Connecticut county as “Low.”
29. As shown in the table, the 7-day average of new COVID-19 cases statewide was only 3.4 per 100,000 population at the end of August 2020.
30. Within CT School Learning Model Indicators is the following graph:<sup>7</sup>

<sup>4</sup> Exhibit F: Connecticut Department of Public Health, “COVID-19 Update, September 1, 2020.”

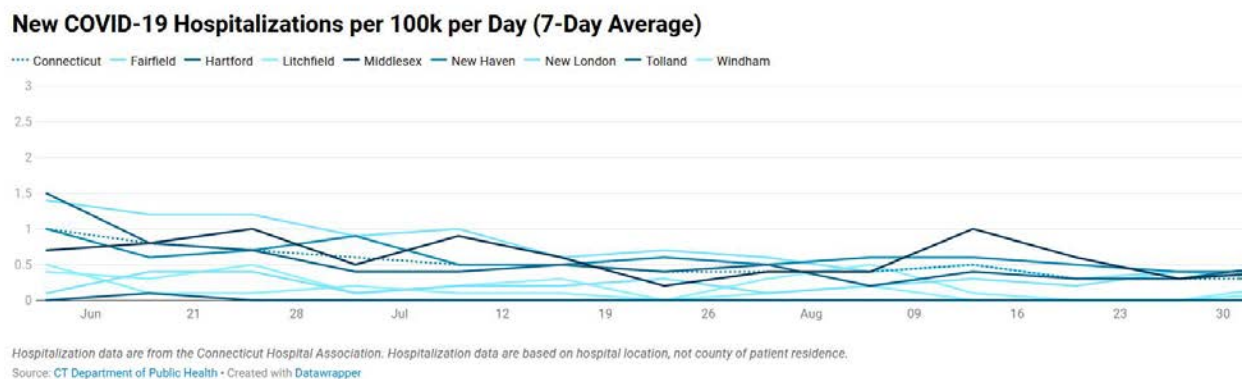
<sup>5</sup> Exhibit F - CT School Learning Model Indicators; also found at <https://data.ct.gov/stories/s/CT-School-Reopening/ddy2-ijgu/>.

<sup>6</sup> Data shown as of September 3, 2020, site accessed September 9, 2020.

<sup>7</sup> Data shown as of August 30, 2020, site accessed September 9, 2020.



31. As shown in the table and the graph, the 7-day average of positive COVID-19 tests statewide was only 1.0% at the end of August 2020, down from a high of 37.7% on April 9, 2020.
32. As shown in the graph, the 7-day average of positive COVID-19 tests statewide has not exceeded 1.9% since June 25, 2020.
33. Within CT School Learning Model Indicators is the following graph:<sup>8</sup>



<sup>8</sup> Data shown as of August 30, 2020, site accessed September 9, 2020.

34. As shown in the graph, the 7-day average of new hospitalizations due to COVID-19 is 0.3 per 100,000 population as of August 30, 2020.
35. As shown in the graph, the 7-day average of new hospitalizations due to COVID-19 statewide has not exceeded 0.5 per 100,000 in population since July 2, 2020.
36. There have been recent reports published by national media outlets indicating that COVID-19 numbers reported by the CDC have been greatly exaggerated to the high side.<sup>9</sup>
37. However, even assuming the statistics from the DPH are not exaggerated, DPH's own published data make clear that the risk of contracting COVID-19, the risk of being hospitalized due to COVID-19, and the risk of dying from COVID-19 in Connecticut from COVID-19 are very small.
38. As clearly shown in the table and both graphs, since the Defendant's original declaration of public health emergency on March 10, 2020, the COVID-19 "curve" has long since flattened.
39. Since the Defendant's original declaration of public health emergency on March 10, 2020, the prospect of COVID-19 posing a substantial risk of death or serious physical injury to Connecticut's residents has reduced to the point that makes the Defendant's continued usurpation of the Legislative Branch's constitutional powers to modify and/or suspend statutes and/or regulations completely meritless.
40. On or about May 9, 2020, the Defendant established a phased plan to allow citizens, businesses, institutions and organizations to return to their pre-COVID operations.

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<sup>9</sup> [https://www.realclearpolitics.com/articles/2020/05/29/us\\_covid-9\\_death\\_toll\\_is\\_inflated.html#!](https://www.realclearpolitics.com/articles/2020/05/29/us_covid-9_death_toll_is_inflated.html#!)

41. The Defendant has to date allowed the citizens, businesses, institutions and organizations of Connecticut to move from Phase One to Phase Two of his reopening plan.
42. The Defendant has not permitted the citizens, businesses, institutions and organizations of Connecticut to progress to Phase Three despite the acknowledged low risk now associated with COVID-19.
43. The legislature, in passing C.G.S. § 28-9, which transferred from the Legislative Branch to the Executive Branch the extraordinary powers permitted therein, placed a maximum time limit of six months on the Governor's acting in its place as "any statute, regulation or requirement or part thereof ... modified or suspended and the period, not exceeding six months unless sooner revoked, during which such order shall be enforced."
44. On September 8, 2020, Defendant Lamont issued Executive Order 9, decreeing  

...all executive orders issued pursuant to the public health and civil preparedness emergencies declared on March 10, 2020 and renewed on September 1, 2020 (COVID-19 Orders) that are unexpired and currently in effect as of the date of this order are hereby reissued. All such orders or individual sections of such orders that were: (a) declared effective for the duration and any renewal of the public health and civil preparedness emergency; (b) scheduled to expire on September 9, 2020, or (c) scheduled to expire within six months of when they were issued are hereby amended to provide that they shall expire on November 9, 2020, unless earlier modified or terminated by me. (Exhibit G.)
45. The Defendant's actions described herein, undertaken under a color of right created by his own declaration of a public health emergency pursuant to C.G.S. 19a131a, improperly usurp the power of the Legislative Branch, with no expiration. Such usurpation is not statutorily permitted and is unconstitutional.



46. But for the Defendant's Executive Orders, usurping the power of the Legislative Branch through his declarations of public health emergency, and continuation thereof, Victoria Station would not have been restricted in its business and would not have been injured.
47. But for the Defendant's Executive Orders, usurping the power of the Legislative Branch through his declarations of public health emergency, and continuation thereof, JnJWeiss would not have been restricted in its business and would not have been injured.
48. But for the Defendant's Executive Orders, usurping the power of the Legislative Branch through his declarations of public health emergency, and continuation thereof, Taraesthetics would not have been prohibited from conducting its business and would not have been injured.
49. But for the Defendant's Executive Orders, usurping the power of the Legislative Branch through his declarations of public health emergency, and continuation thereof, Hussey would not have been fined and would not have been injured.
50. But for the Defendant's Executive Orders, usurping the power of the Legislative Branch through his declarations of public health emergency, and continuation thereof, Representative France's legislative power would not have been usurped by the Executive Branch and he would not have been injured.
51. Each of the Plaintiffs have been directly injured, and continue to be injured, by the Defendant's misconduct.

WHEREFORE, the Plaintiffs claim:

1. As to Count One:
  - a. An order declaring the Defendant's Declaration of civil preparedness emergency is invalid, and vacated, effective March 10, 2020;
  - b. An order declaring the Defendant's re-Declaration of civil preparedness emergency is invalid, and vacated, effective September 1, 2020;
  - c. An order vacating all of Defendant Lamont's Executive Orders issued under the auspices of a Declaration of civil preparedness emergency related to COVID-19; and,
  - d. An order of injunctive relief preventing Defendant Lamont from re-instituting his Declaration of civil preparedness emergency related to COVID-19.
2. As to Count Two:
  - a. An order that Defendant Lamont terminate his Declaration of public health emergency, retroactive back to at least August 1, 2020; and,
  - b. An order vacating all of Defendant Lamont's Executive Orders issued, at least after August 1, 2020, under the auspices of a Declaration of public health emergency related to COVID-19; and,
  - c. An order of injunctive relief to prevent Defendant Lamont from re-instituting a similar COVID-19 declaration absent evidence meeting the criteria of the enabling statute, and further order of this court.
3. Costs and attorneys' fees.
4. Such other relief as the Court deems just and proper.

RESPECTFULLY SUBMITTED BY:

/s/Craig C. Fishbein 420267

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*Attorneys for the Plaintiffs*



# EXHIBIT A

**Ned Lamont**  
GOVERNOR  
STATE OF CONNECTICUT

March 10, 2020

The Honorable Denise Merrill  
Secretary of the State  
State Capitol Hartford, CT 06106

Frederick J. Jortner  
Clerk of the State House of Representatives  
State Capitol  
Hartford, CT 06016

Michael Jefferson  
Clerk of the State Senate  
State Capitol  
Hartford, CT 06016

**RE: Declaration of Public Health and Civil Preparedness Emergencies**

Dear Secretary Merrill and Clerks of the General Assembly:

In response to the global pandemic of COVID 19 disease associated with a novel coronavirus that is currently affecting multiple countries and states and has resulted in the spread of infections in Connecticut and surrounding states, as well as resulting shortages of personal protective equipment and other supplies that could jeopardize public safety and civil preparedness, and in order to provide me and other appropriate officials with all authorities necessary to limit the spread of the COVID 19 coronavirus and protect public safety within the State of Connecticut, I hereby declare a public health emergency and civil preparedness emergency throughout the State, pursuant to Sections 19a-131a and 28-9 of the Connecticut General Statutes. Such public health emergency and civil preparedness emergency shall remain in effect through September 9<sup>th</sup>, 2020, unless terminated earlier by me.

Specifically, in accordance with Connecticut General Statutes Section 19a-131a (f), I hereby authorize and direct the Commissioner of Public Health to delegate the powers regarding isolation or quarantine to municipal and district directors of public health. Municipalities, local

health officials, and local education officials are directed to follow previously issued guidance and apply relevant principles of risk management to decisions about whether to cancel, modify, or postpone large gatherings, public events, or travel.

Orders regarding additional measures to protect public health and safety, including suspension or modification of specific statutes, will follow as I determine to be necessary.

I am filing this declaration with you under my hand and seal on this 10<sup>th</sup> day of March 2020.



*N. Lamont*

Ned Lamont  
Governor

2:25 p.m.  
TIME



# EXHIBIT B

STATE OF CONNECTICUT

## GOVERNOR NED LAMONT

September 1, 2020

The Honorable Denise Merrill  
Secretary of the State  
State Capitol Hartford, CT 06106

Frederick J. Jortner  
Clerk of the State House of Representatives  
State Capitol  
Hartford, CT 06016

Michael Jefferson  
Clerk of the State Senate  
State Capitol  
Hartford, CT 06016

### **RE: Declaration of Public Health and Civil Preparedness Emergencies**

Dear Secretary Merrill and Clerks of the General Assembly:

On March 10, 2020, in response to the global pandemic of COVID-19 disease associated with a novel coronavirus that was affecting multiple countries and states and had resulted in the spread of infections in Connecticut and surrounding states, as well as resulting shortages of personal protective equipment and other supplies that could jeopardize public safety and civil preparedness, and in order to provide me and other appropriate officials with all authorities necessary to limit the spread of the COVID-19 coronavirus and protect public safety within the State of Connecticut, I declared a public health emergency and civil preparedness emergency throughout the State, pursuant to Sections 19a-131a and 28-9 of the Connecticut General Statutes. Those states of emergency were to remain in effect through September 9<sup>th</sup>, 2020, unless terminated earlier by me.

Since I declared those public health and civil preparedness emergencies in March of this year, and due in substantial part to the multiple orders I have issued during that time, Connecticut has made significant progress in containing and reducing the spread of COVID-19 and mitigating the devastating public health and economic effects of that disease. Nevertheless, COVID-19 remains a global pandemic capable of spreading quickly within our state. That risk would be heightened substantially if the existing emergencies expired as scheduled on September 9. As a result, and for the same reasons I declared those emergencies on March 10, pursuant to Sections 19a-131a and 28-9 of the Connecticut General Statutes, I am renewing the existing public health emergency and civil preparedness emergencies throughout the State. The Department of Public Health, along with municipal and district health departments, as well as multiple other state agencies in supporting roles, are responding to these renewed public health and civil preparedness emergencies. These renewed states of emergency shall remain in effect until February 9, 2021, unless earlier terminated by me.

In addition, I will be required in the coming months to respond to a number of additional public health and civil preparedness risks that were not concerns or clear justifications for the original emergencies I declared in March of this year and have now renewed. Among many other things, I will be required to manage the reopening and continued operation of schools, colleges and universities as well as the potential health and other risks that may arise out of the coming general election in November. Moreover, since first declaring emergencies in March of this year, we have learned of unanticipated health effects from COVID-19 that are not well understood by the medical community, that no vaccine or effective treatment for COVID-19 has been approved or made available for wide distribution, and that our residents, businesses, and government agencies face new and unanticipated economic, fiscal, and operational challenges as a result of the COVID-19 pandemic, which require the flexibility and responsiveness provided by the emergency powers in Sections 19a-131a and 28-9 of the Connecticut General Statutes in order to protect the public health and promote civil preparedness. As a result, out of an abundance of caution and to eliminate any confusion about the extent of my emergency powers to address the many risks and concerns that will arise in the coming months and did not constitute clear justifications for the original emergencies I declared in March of this year, and pursuant to Sections 19a-131a and 28-9 of the Connecticut General Statutes, I hereby declare that new states of public health and civil preparedness emergency exist throughout the State. The Department of Public Health, along with municipal and district health departments, as well as multiple other state agencies in supporting roles, are responding to these new public health and civil preparedness emergencies. The new states of emergency shall run concurrently with the renewed states of emergency and shall remain in effect until February 9, 2021, unless earlier terminated by me.

As I did at the time I declared the original public health and civil preparedness emergencies on March 10, and in accordance with Section 19a-131a (f) of the Connecticut General Statutes, I hereby authorize and direct the Commissioner of Public Health to delegate the powers regarding isolation or quarantine to municipal and district directors of public health, while concurrently retaining such authority.

Orders regarding additional measures to protect public health and safety and ensure the state's civil preparedness will follow as I determine to be necessary.

I am filing this declaration with you under my hand and seal on this 1<sup>st</sup> day of September, 2020.



A handwritten signature in blue ink that reads "Ned Lamont". The signature is written in a cursive style.

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Ned Lamont  
Governor



# EXHIBIT C

## COVID-19 Update May 01, 2020

As of **May 01, 2020**, a total of **28764** cases of COVID-19 have been reported among Connecticut residents. **One thousand five hundred ninety-two** patients are currently hospitalized. There have been **2339** COVID-19-associated deaths.

**Day-to-day changes reflect newly reported cases, deaths, and tests that occurred over the last several days to week.** All data in this report are preliminary; data for previous dates will be updated as new reports are received and data errors are corrected. Hospitalization data were collected by the Connecticut Hospital Association. Deaths\* reported to either the OCME or DPH are included in the daily COVID-19 update.

\*For public health surveillance, COVID-19-associated deaths include persons who tested positive for COVID-19 around the time of death (confirmed) and persons whose death certificate lists COVID-19 disease as a cause of death or a significant condition contributing to death (probable).

Overall Summary	Total	Change Since Yesterday
COVID-19 Cases	28764	+1064
COVID-19-Associated Deaths	2339	+82
Patients Currently Hospitalized with COVID-19	1592	-58
COVID-19 Tests Reported	100257	+3124

### COVID-19 Cases and Associated Deaths by County of Residence

As of 05/01/20 12:00pm. Includes patients tested at the State Public Health Laboratory, hospital, and commercial laboratories.

County	COVID-19 Cases	COVID-19-Associated Deaths
Fairfield County	11612	839
Hartford County	5931	715
Litchfield County	1014	86
Middlesex County	687	82
New Haven County	7900	533
New London County	603	42
Tolland County	446	38
Windham County	200	2
<i>Pending address validation</i>	371	2
<b>Total</b>	<b>28764</b>	<b>2339</b>

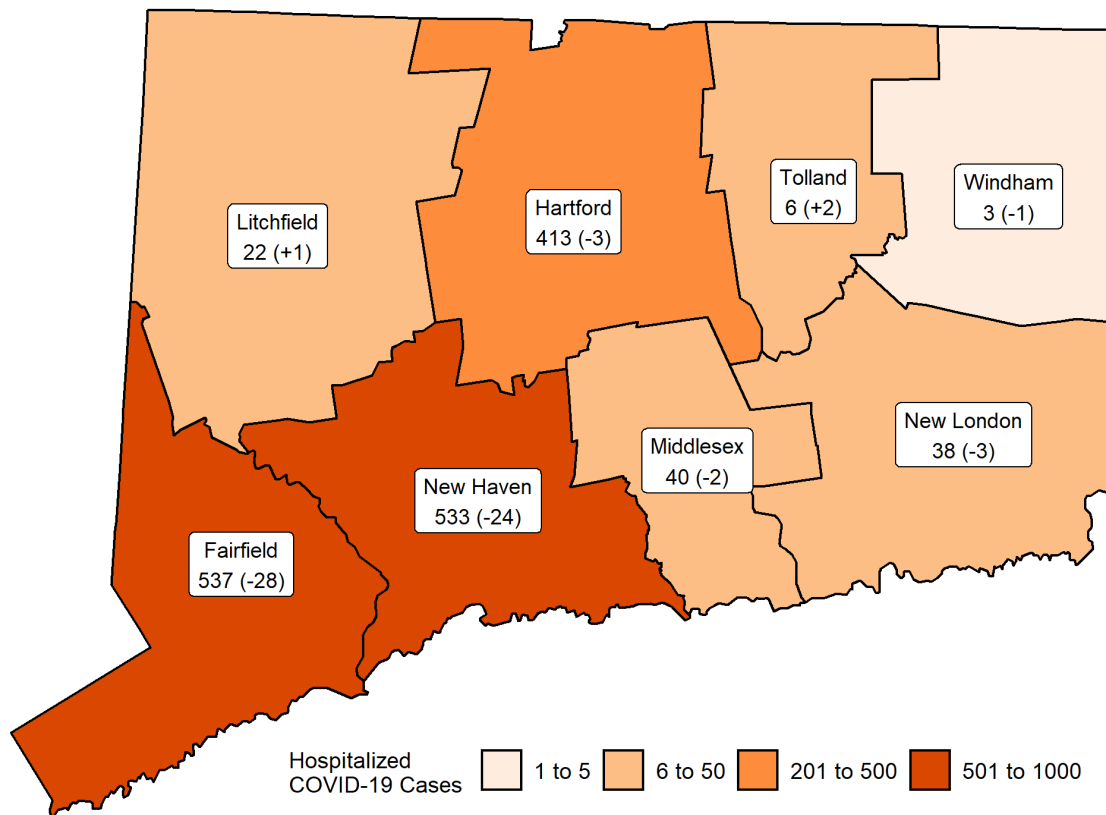
[National COVID-19 statistics](#) and information about [preventing spread of COVID-19](#) are available from the Centers for Disease Control and Prevention.

## Hospitalization Surveillance

The map below shows the number of patients currently hospitalized with COVID-19 by county based on data collected by the Connecticut Hospital Association. The distribution is by location of hospital, not patient residence. The labels indicate the number of patients currently hospitalized with the change since yesterday in parentheses.

### Patients Currently Hospitalized by Connecticut County

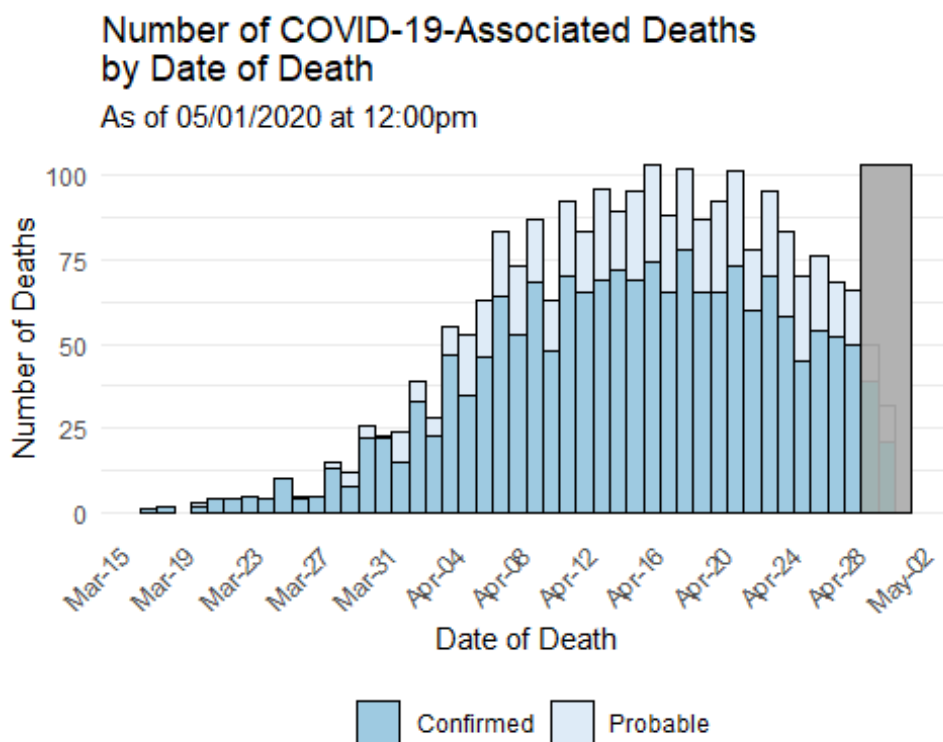
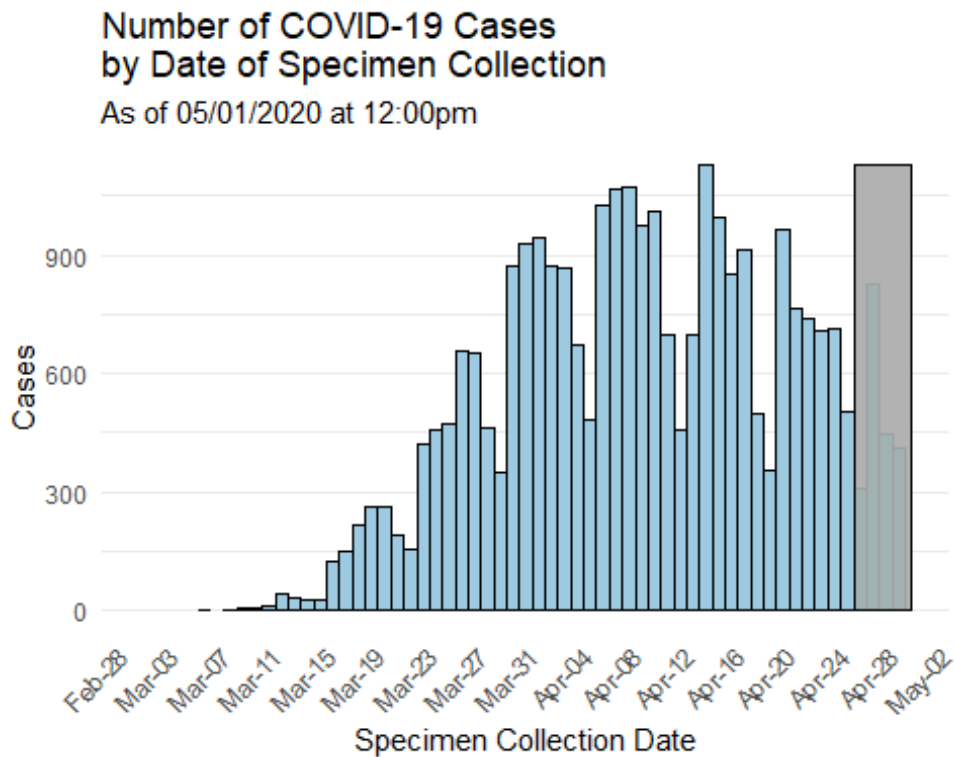
*Distribution by location of hospital not patient residence. Data from the Connecticut Hospital Association.*



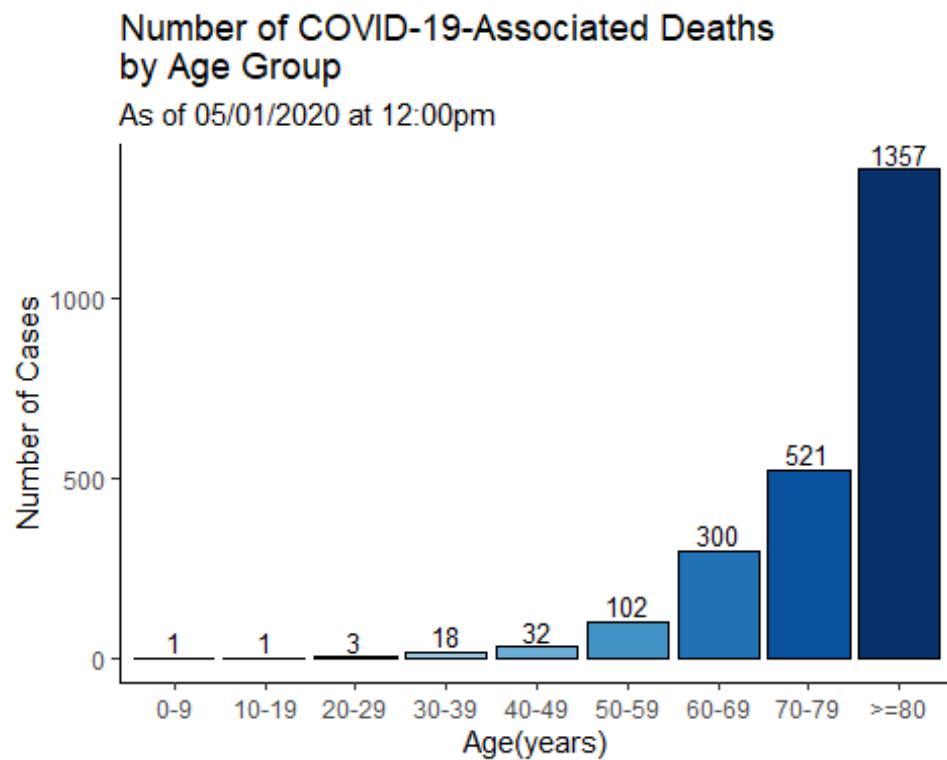
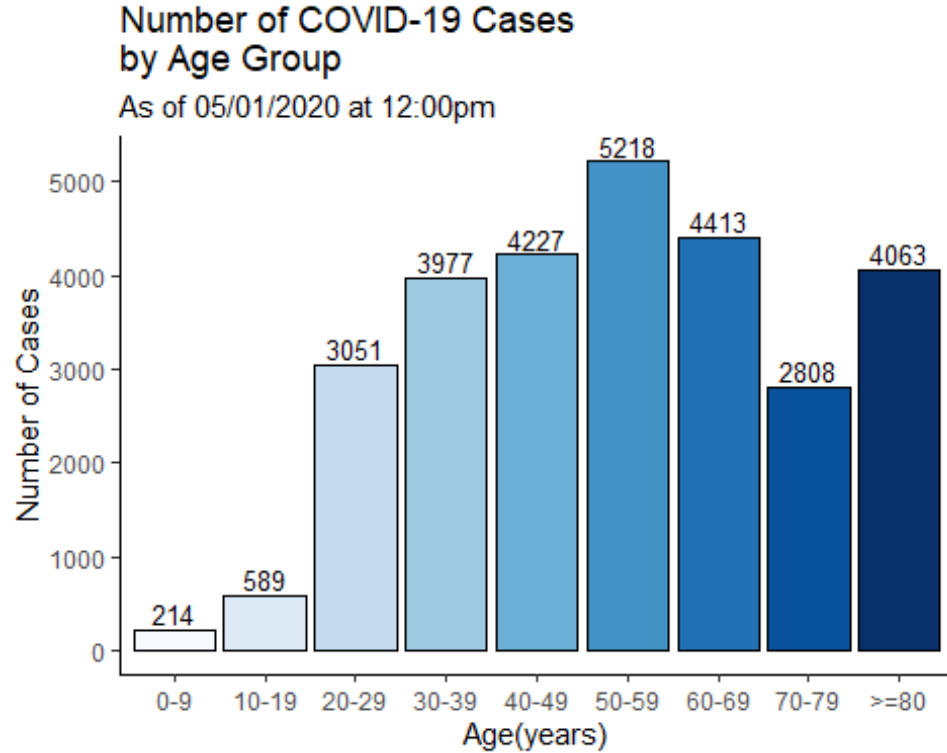
More information about hospitalized cases of COVID-19 in New Haven and Middlesex Counties is available from [COVID-NET](#).

## Characteristics of COVID-19 Cases and Associated Deaths

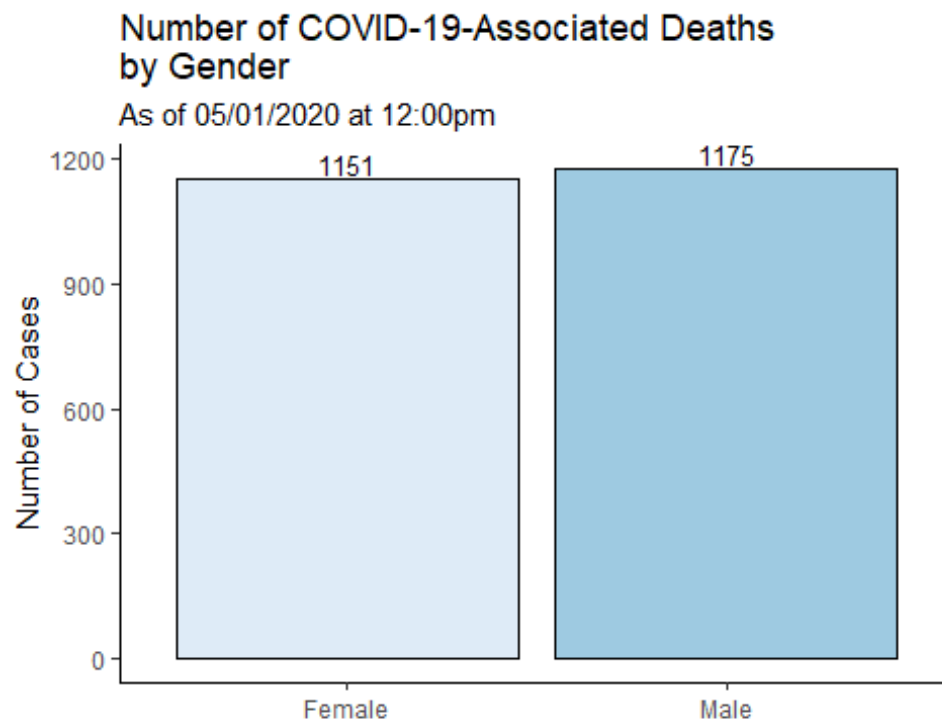
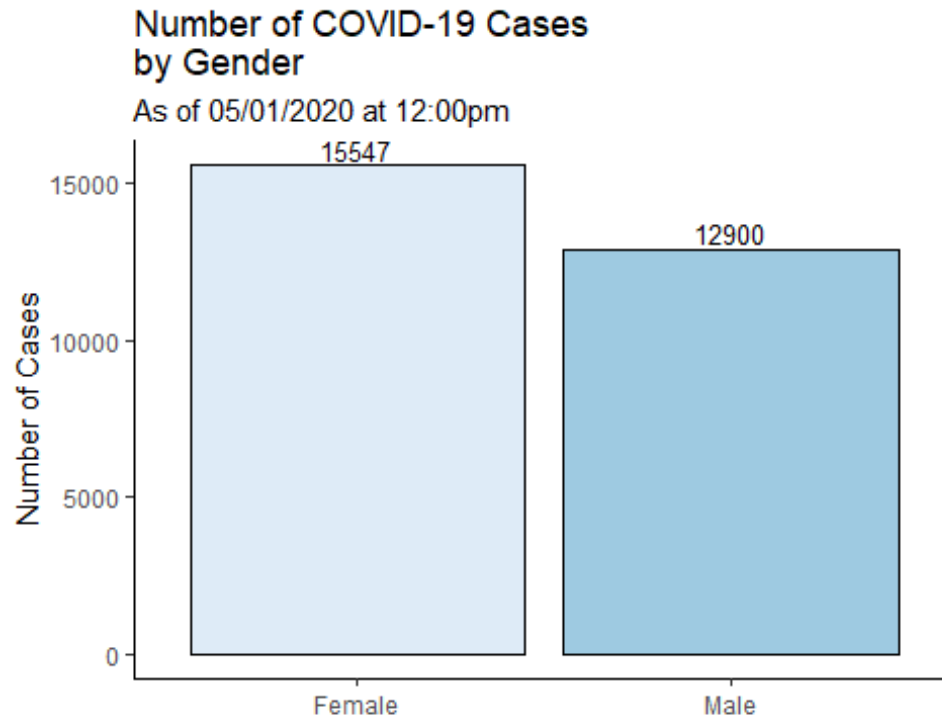
Test results may be reported several days after the result. Data are incomplete for most recent dates shaded in grey. Data from previous dates are routinely updated.



Counts may not add up to total case count because demographic data may be missing.

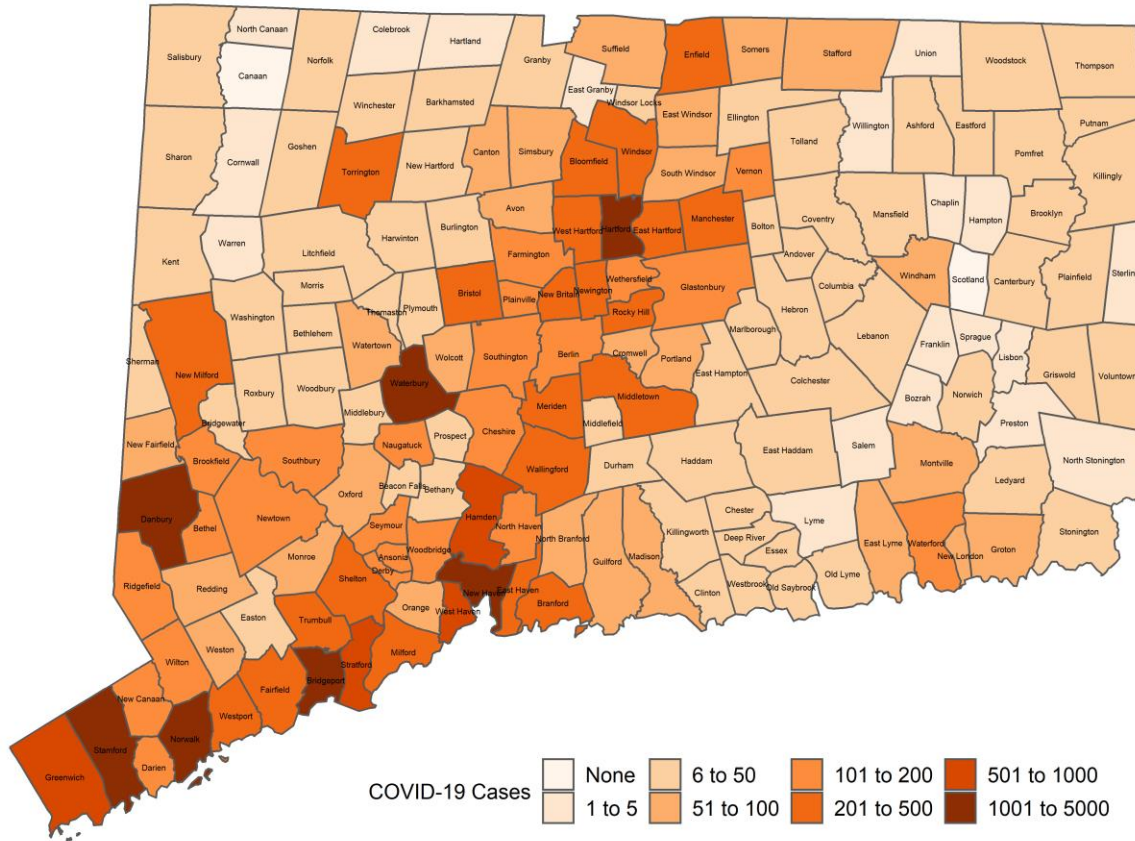


Counts may not add up to total case count because demographic data may be missing.



## Connecticut Towns with Confirmed Cases of COVID-19

Map does not include 371 cases pending address validation



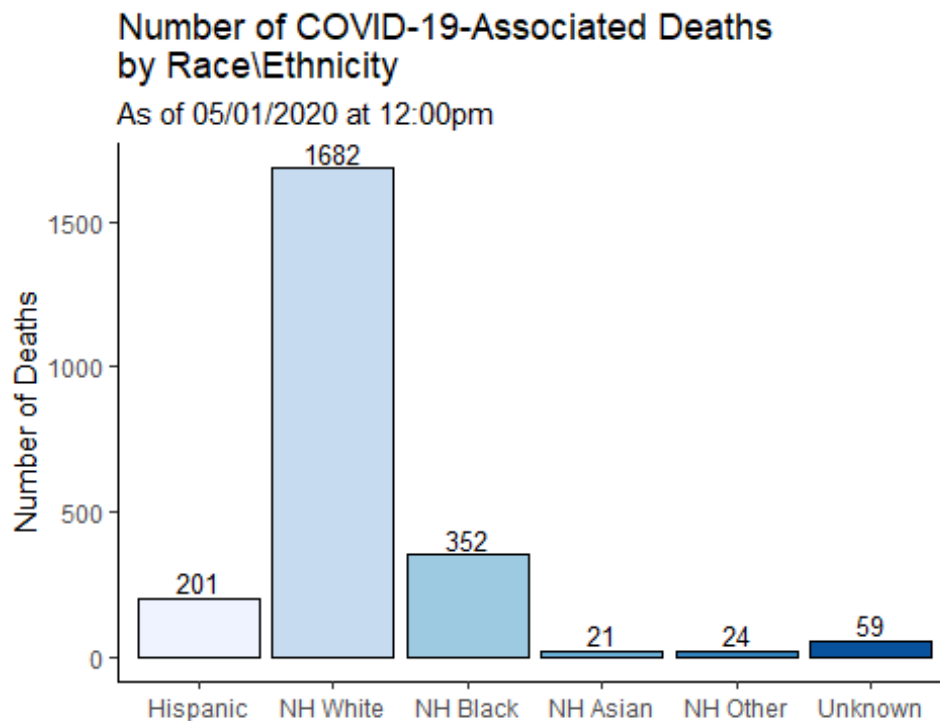
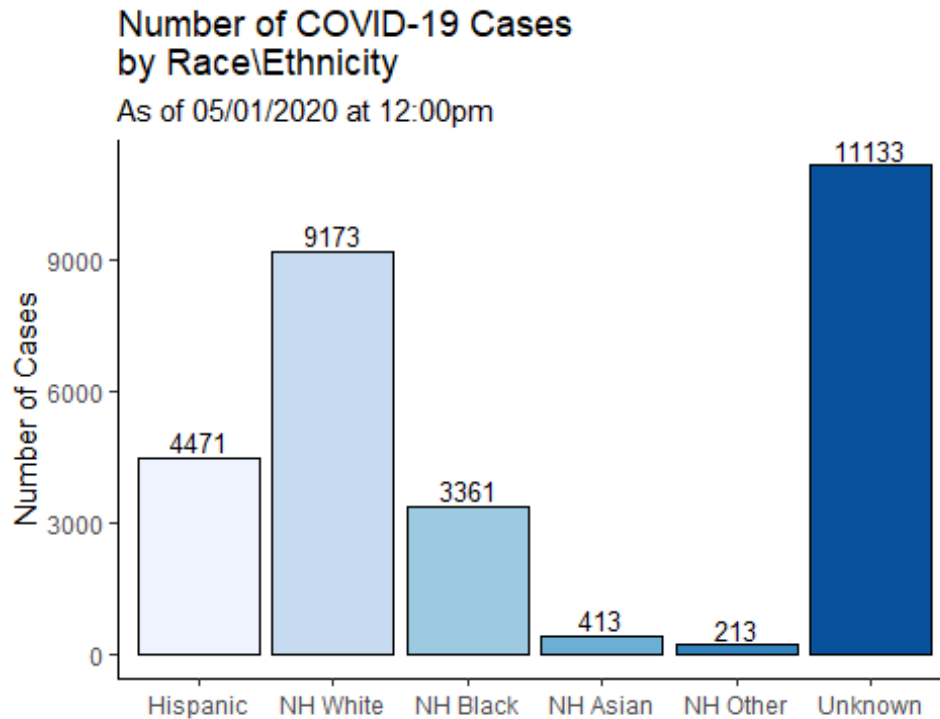
All data are preliminary and subject to change. Updated 5/1/2020.

## APPENDIX A. Towns with Confirmed Cases of COVID-19

Table does not include 371 cases pending address validation

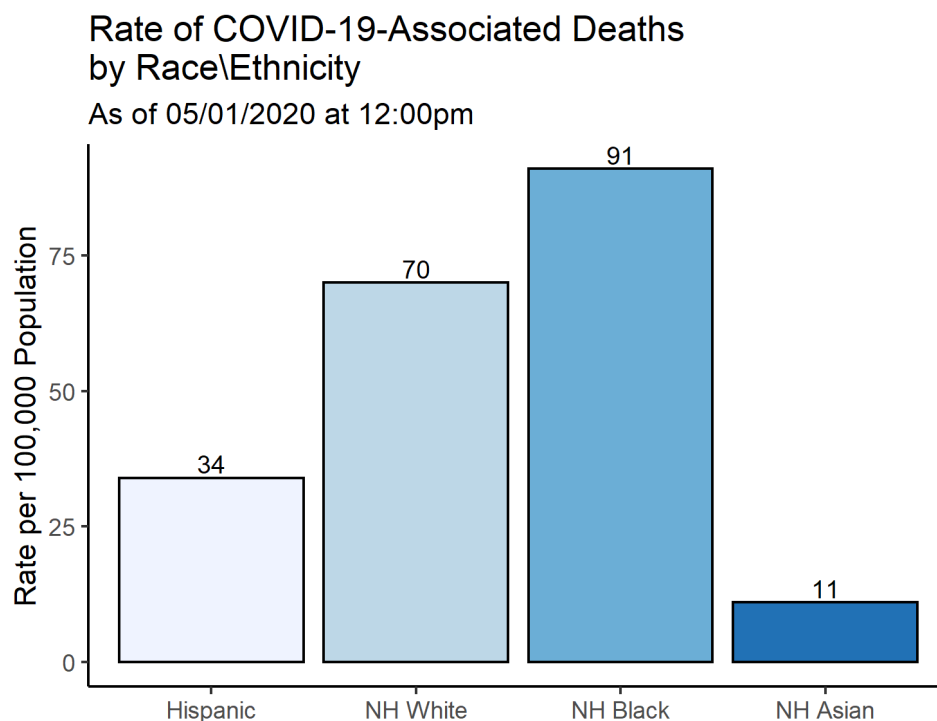
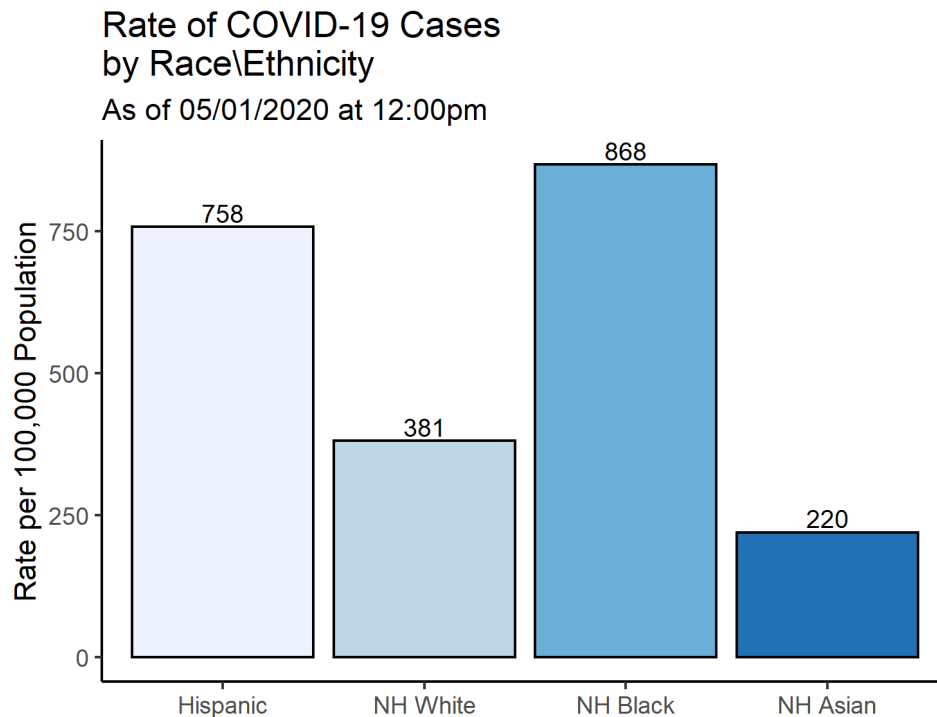
Town	Cases	Town	Cases	Town	Cases
Andover	6	Griswold	17	Prospect	36
Ansonia	172	Groton	80	Putnam	15
Ashford	10	Guilford	78	Redding	60
Avon	52	Haddam	20	Ridgefield	179
Barkhamsted	16	Hamden	639	Rocky Hill	228
Beacon Falls	37	Hampton	1	Roxbury	6
Berlin	111	Hartford	1105	Salem	3
Bethany	22	Hartland	5	Salisbury	7
Bethel	193	Harwinton	26	Scotland	0
Bethlehem	9	Hebron	15	Seymour	151
Bloomfield	282	Kent	7	Sharon	14
Bolton	11	Killingly	21	Shelton	429
Bozrah	5	Killingworth	13	Sherman	12
Branford	268	Lebanon	16	Simsbury	74
Bridgeport	2053	Ledyard	12	Somers	67
Bridgewater	6	Lisbon	5	South Windsor	91
Bristol	380	Litchfield	29	Southbury	142
Brookfield	135	Lyme	2	Southington	182
Brooklyn	14	Madison	94	Sprague	2
Burlington	18	Manchester	345	Stafford	82
Canaan	0	Mansfield	20	Stamford	2460
Canterbury	9	Marlborough	40	Sterling	2
Canton	65	Meriden	385	Stonington	26
Chaplin	1	Middlebury	35	Stratford	573
Cheshire	129	Middlefield	11	Suffield	94
Chester	37	Middletown	338	Thomaston	40
Clinton	30	Milford	485	Thompson	16
Colchester	21	Monroe	78	Tolland	35
Colebrook	2	Montville	66	Torrington	344
Columbia	12	Morris	11	Trumbull	384
Cornwall	3	Naugatuck	186	Union	2
Coventry	25	New Britain	498	Vernon	132
Cromwell	64	New Canaan	142	Voluntown	7
Danbury	1393	New Fairfield	99	Wallingford	274
Darien	185	New Hartford	21	Warren	4
Deep River	8	New Haven	1664	Washington	18
Derby	105	New London	80	Waterbury	1355
Durham	21	New Milford	214	Waterford	118
East Granby	4	Newington	214	Watertown	93
East Haddam	9	Newtown	111	West Hartford	332
East Hampton	33	Norfolk	7	West Haven	759
East Hartford	474	North Branford	59	Westbrook	16
East Haven	306	North Canaan	4	Weston	60
East Lyme	75	North Haven	184	Westport	247
East Windsor	51	North Stonington	4	Wethersfield	156
Eastford	7	Norwalk	1561	Willington	5
Easton	26	Norwich	44	Wilton	159
Ellington	34	Old Lyme	14	Winchester	45
Enfield	299	Old Saybrook	21	Windham	61
Essex	15	Orange	97	Windsor	329
Fairfield	397	Oxford	60	Windsor Locks	44
Farmington	159	Plainfield	22	Wolcott	76
Franklin	2	Plainville	104	Woodbridge	102
Glastonbury	182	Plymouth	47	Woodbury	34
Goshen	7	Pomfret	10	Woodstock	11
Granby	13	Portland	51		
Greenwich	676	Preston	4		

**APPENDIX B.** The following graphs show the number of cases and deaths by race and ethnicity. Categories are mutually exclusive. Cases answering 'yes' to more than one race category are counted as 'other'. Counts may not add up to total case counts as data on race and ethnicity may be missing. NH=Non-Hispanic





The following graphs show the rate of cases and deaths per 100,000 population by race and ethnicity. Population estimate from: [DPH Population Statistics](#). Categories are mutually exclusive. Cases answering 'yes' to more than one race category are counted as 'other'. Counts may not add up to total case counts as data on race and ethnicity may be missing. NH=Non-Hispanic



# EXHIBIT D

## COVID-19 Update June 01, 2020

As of **May 31, 2020, at 8:30 PM**, the total number of COVID-19 cases reported among Connecticut residents is **42740**, including **40670** laboratory-confirmed and **2070** probable\* cases. **Four hundred fifty-four** patients are currently hospitalized with laboratory-confirmed COVID-19. There have been **3964** COVID-19-associated deaths.

**\*In Connecticut during the early months of this pandemic, it became increasingly clear that it would be necessary to track probable COVID-19 cases and deaths, in addition to laboratory-confirmed (RT-PCR) cases and deaths. This was needed to better measure the burden and impact of this disease in our communities and is now part of the [national surveillance case definition for COVID-19](#). Today for the first time, DPH is reporting cases and deaths as “confirmed” or “probable.” Previous reports reported these as a combined number. The only change today is that they are being separated to conform with CDC reporting guidance. Probable cases of COVID-19 involve persons who have not had confirmatory laboratory testing (RT-PCR) performed for COVID-19, but whose symptoms indicate they are very likely to have a COVID-19 infection. In Connecticut, most of the probable COVID-19 cases involve persons whose death certificates list COVID-19 disease or SARS-CoV-2 as a cause of death or a significant condition contributing to death.**

Overall Summary	Total**	Change Since Yesterday
COVID-19 Cases	42740	+539
COVID-19-Associated Deaths	3964	+20
Patients Currently Hospitalized with COVID-19	454	-27
COVID-19 PCR Tests Reported	259320	+9274

**\*\*Includes confirmed plus probable cases**

### COVID-19 Cases and Associated Deaths by County of Residence

*As of 05/31/20 8:30pm. Includes patients tested at the State Public Health Laboratory, hospital, and commercial laboratories.*

County	COVID-19 Cases		COVID-19-Associated Deaths	
	Confirmed	Probable	Confirmed	Probable
Fairfield County	15003	706	990	298
Hartford County	9752	693	944	310
Litchfield County	1333	67	114	22
Middlesex County	1084	59	117	36
New Haven County	11088	391	822	151
New London County	1033	58	66	23
Tolland County	768	77	45	13
Windham County	376	12	12	1
<i>Pending address validation</i>	233	7	0	0
<b>Total</b>	40670	2070	3110	854

[National COVID-19 statistics](#) and information about [preventing spread of COVID-19](#) are available from the Centers for Disease Control and Prevention.

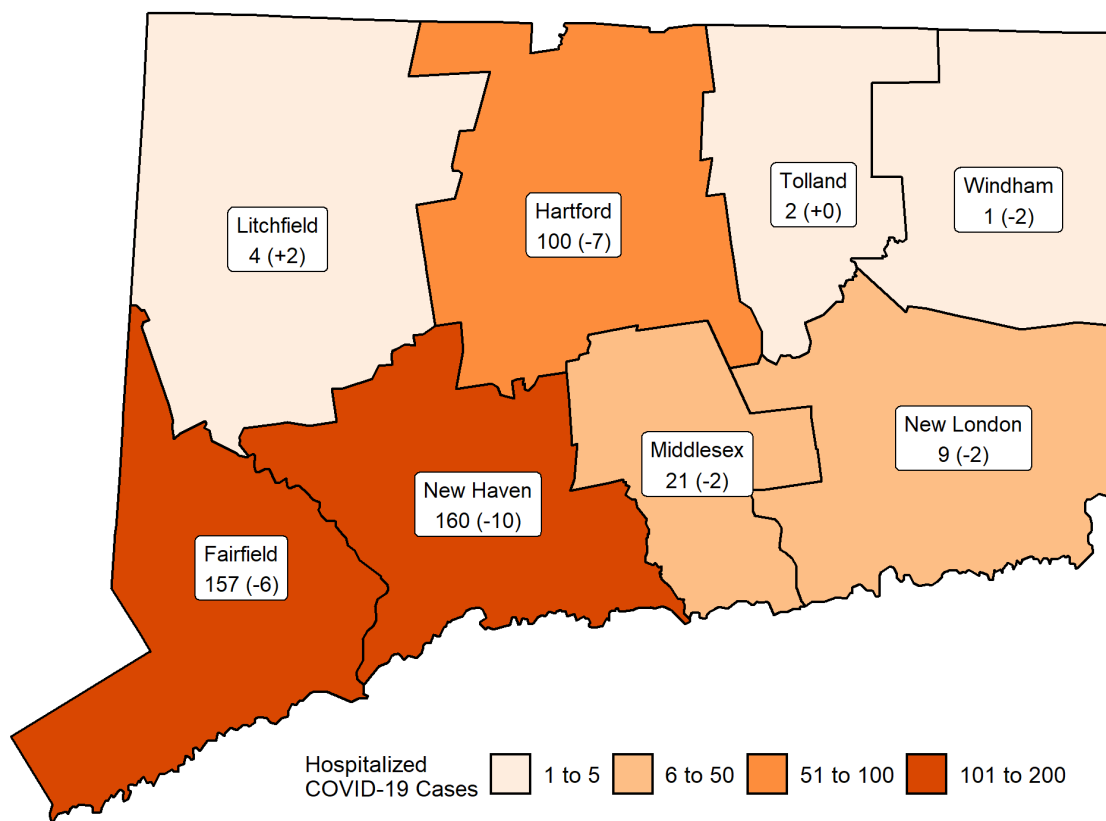
**Day-to-day changes reflect newly reported cases, deaths, and tests that occurred over the last several days to week.** All data in this report are preliminary; data for previous dates will be updated as new reports are received and data errors are corrected. Hospitalization data were collected by the Connecticut Hospital Association. Deaths reported to either the OCME or DPH are included in the daily COVID-19 update.

## Hospitalization Surveillance

The map below shows the number of patients currently hospitalized with laboratory-confirmed COVID-19 by county based on data collected by the Connecticut Hospital Association. The distribution is by location of hospital, not patient residence. The labels indicate the number of patients currently hospitalized with the change since yesterday in parentheses.

### Patients Currently Hospitalized by Connecticut County

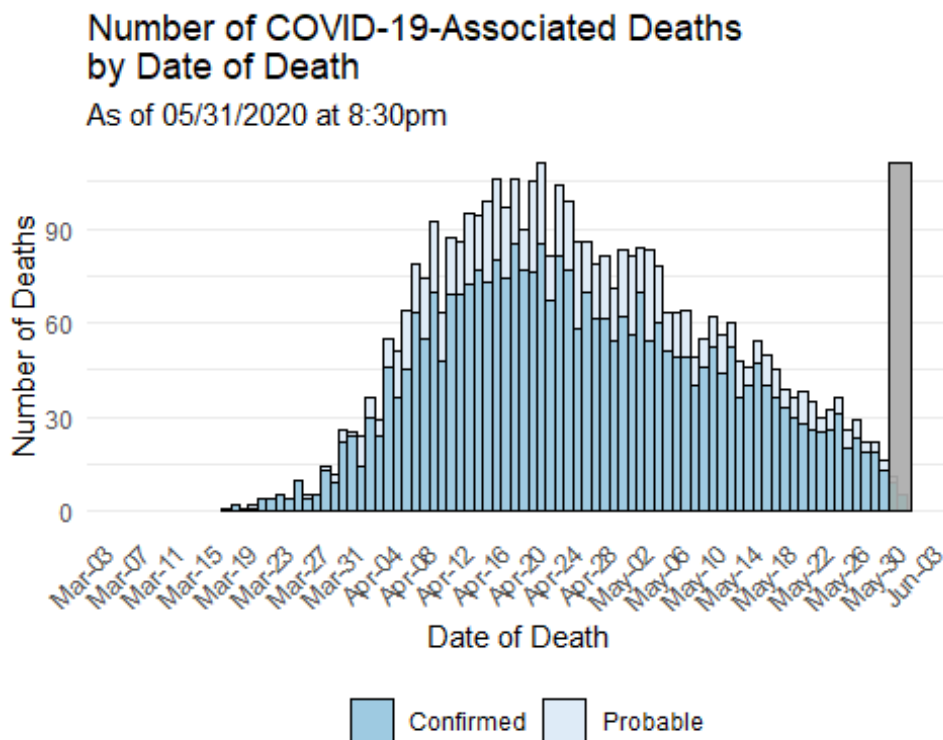
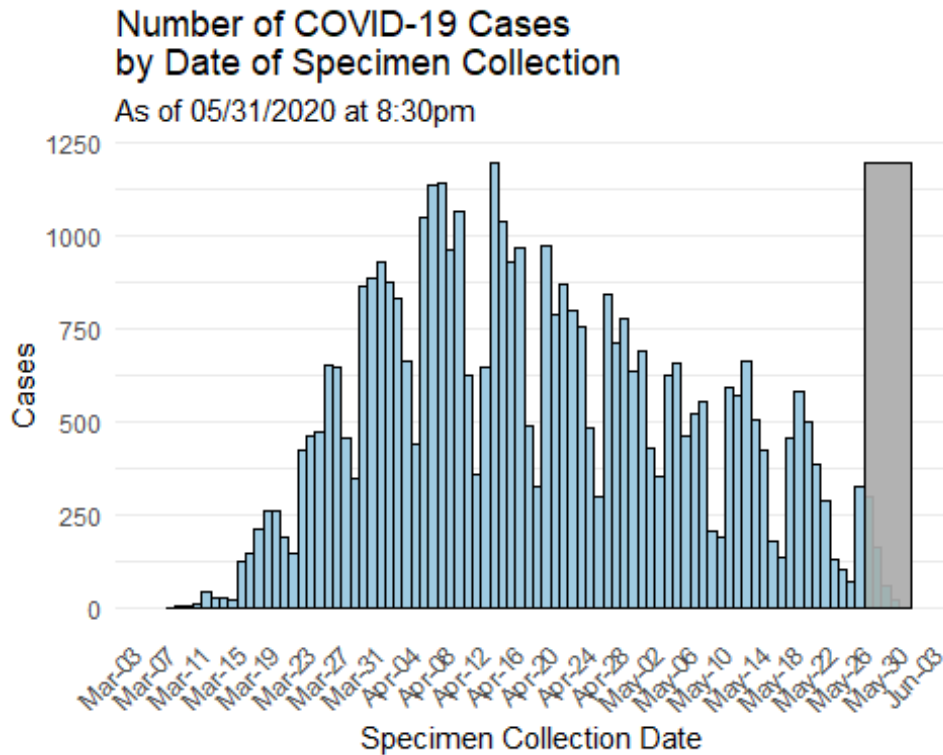
*Distribution by location of hospital not patient residence. Data from the Connecticut Hospital Association.*



More information about hospitalized cases of COVID-19 in New Haven and Middlesex Counties is available from [COVID-NET](#).

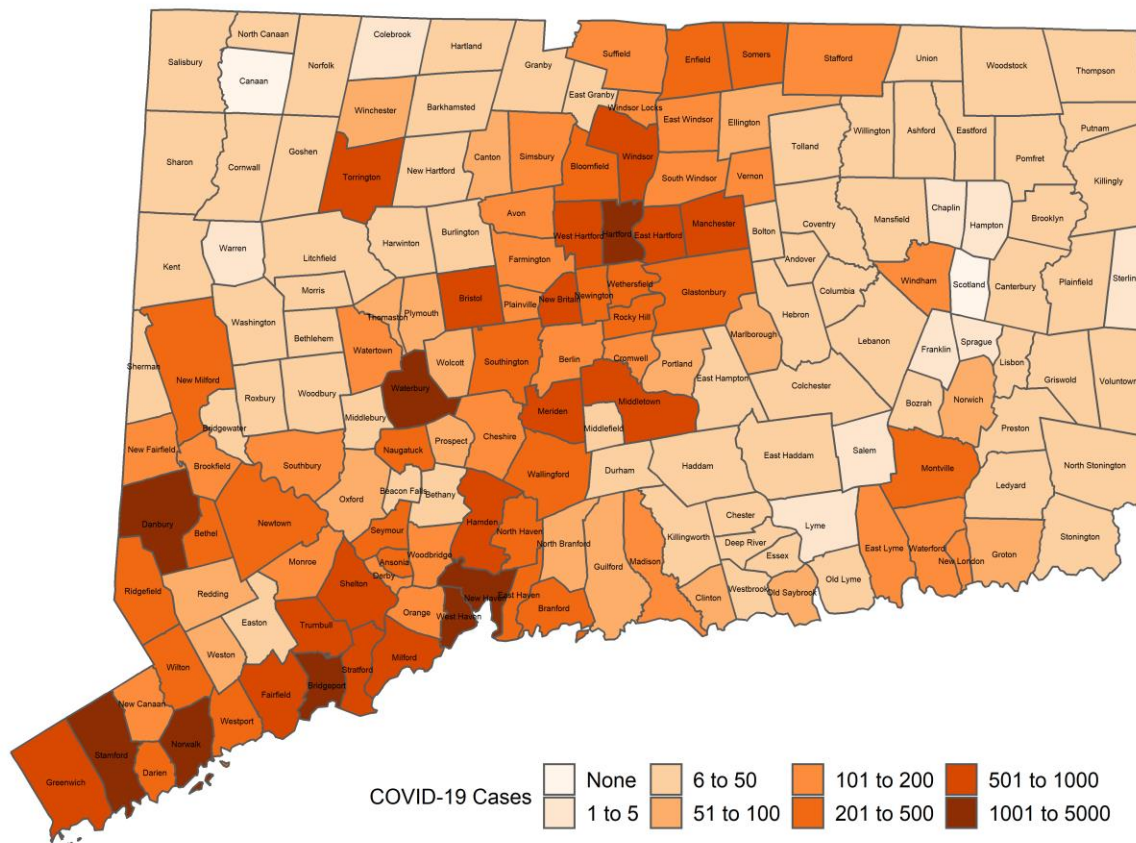
## Characteristics of COVID-19 Cases and Associated Deaths

Test results may be reported several days after the result. Data are incomplete for most recent dates shaded in grey. Data from previous dates are routinely updated.



## Connecticut Towns with Cases of COVID-19

Map does not include 233 cases pending address validation

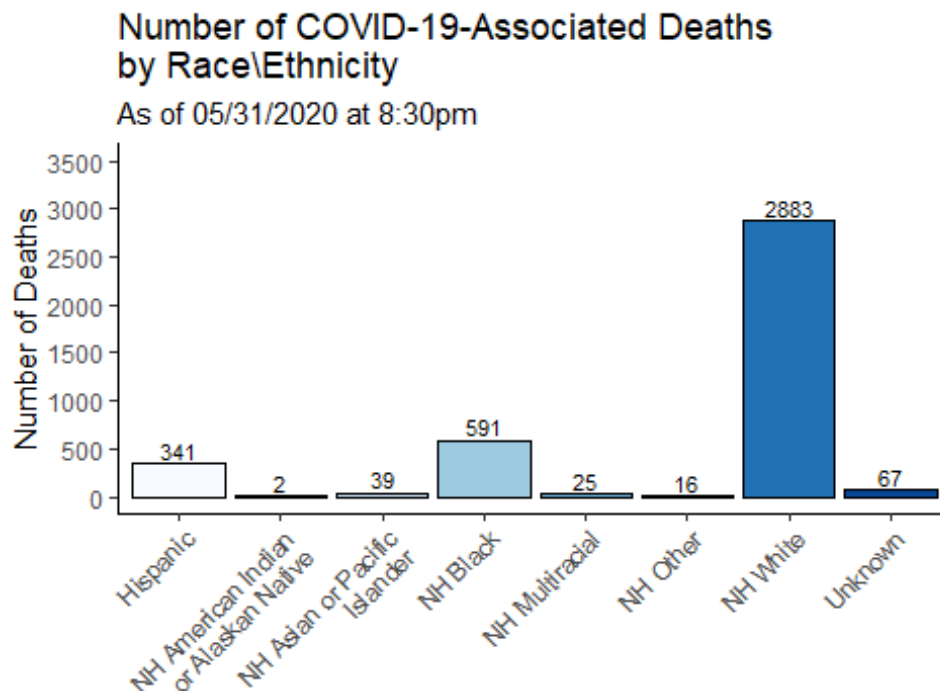
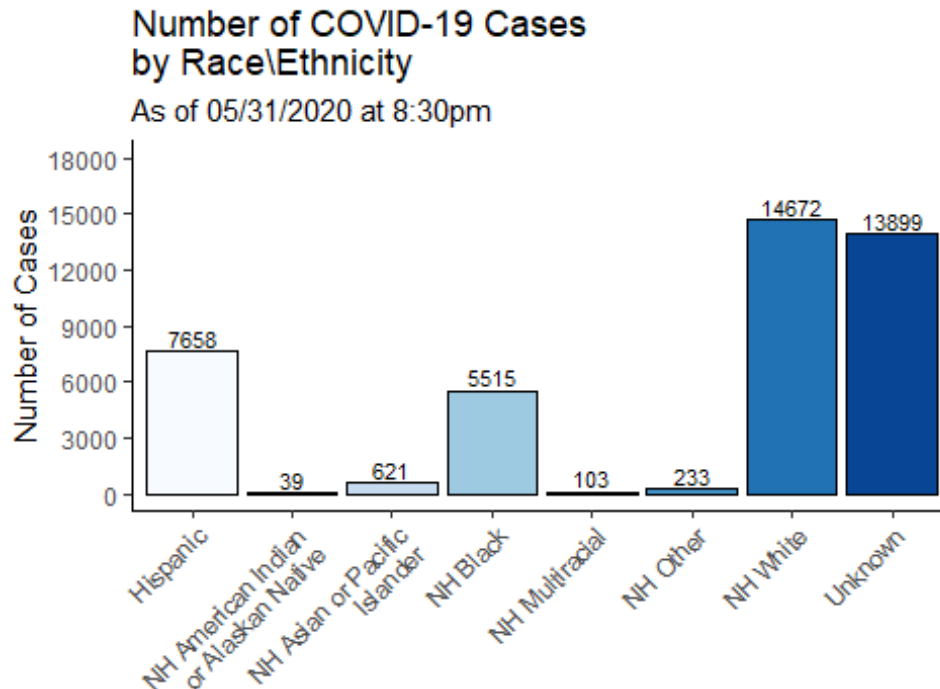


## APPENDIX A. Towns with Confirmed Cases of COVID-19

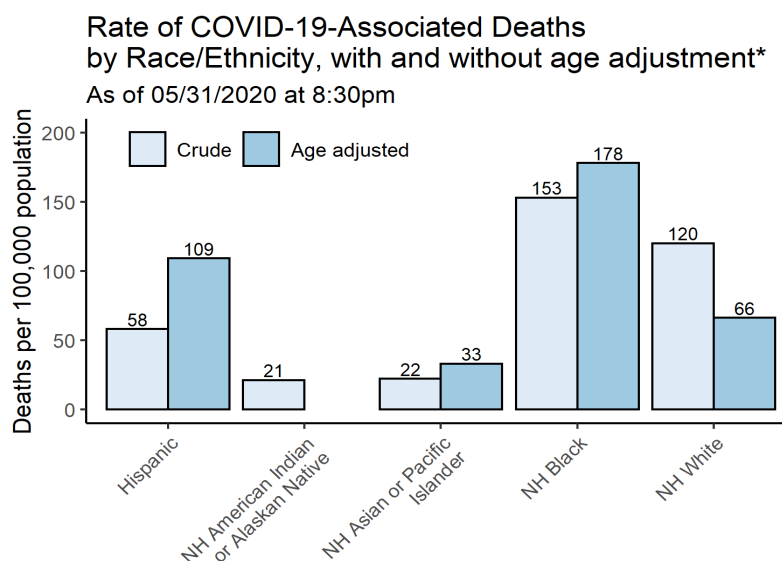
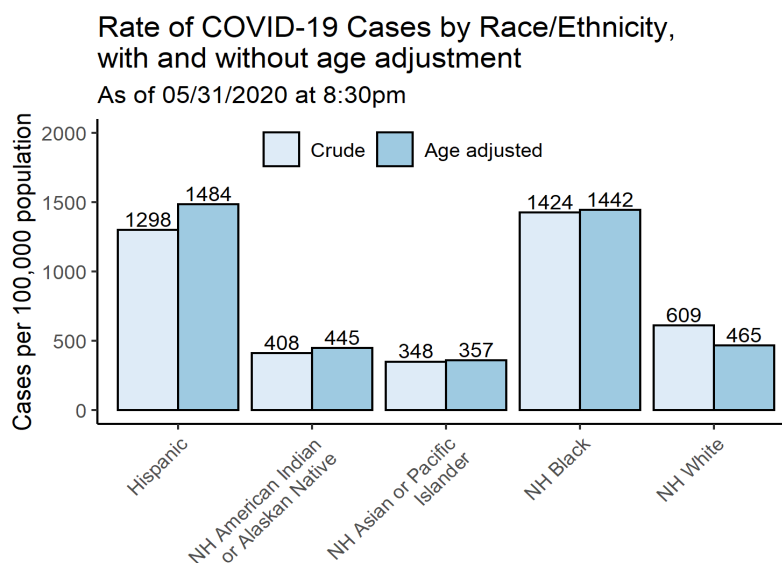
Table does not include 233 cases pending address validation

Town	Confirmed Cases	Probable Cases	Town	Confirmed Cases	Probable Cases	Town	Confirmed Cases	Probable Cases
Andover	9	1	Griswold	24	2	Prospect	55	0
Ansonia	253	6	Groton	80	12	Putnam	26	1
Ashford	15	0	Guilford	91	4	Redding	68	3
Avon	105	12	Haddam	31	1	Ridgefield	196	14
Barkhamsted	25	1	Hamden	929	30	Rocky Hill	375	19
Beacon Falls	45	0	Hampton	2	0	Roxbury	4	3
Berlin	144	7	Hartford	2161	132	Salem	4	0
Bethany	32	0	Hartland	6	0	Salisbury	11	0
Bethel	236	10	Harwinton	26	2	Scotland	0	0
Bethlehem	11	1	Hebron	22	1	Seymour	217	10
Bloomfield	450	35	Kent	7	1	Sharon	14	2
Bolton	21	2	Killingly	26	3	Shelton	554	44
Bozrah	7	0	Killingworth	14	0	Sherman	12	2
Branford	320	7	Lebanon	23	0	Simsbury	98	12
Bridgeport	3252	129	Ledyard	21	0	Somers	260	26
Bridgewater	8	0	Lisbon	9	0	South Windsor	128	19
Bristol	536	19	Litchfield	37	1	Southbury	166	7
Brookfield	153	3	Lyme	2	0	Southington	300	16
Brooklyn	21	2	Madison	131	7	Sprague	4	0
Burlington	24	0	Manchester	583	60	Stafford	100	9
Canaan	0	0	Mansfield	27	2	Stamford	3046	76
Canterbury	10	1	Marlborough	76	2	Sterling	2	0
Canton	75	8	Meriden	751	32	Stonington	26	6
Chaplin	3	0	Middlebury	40	3	Stratford	776	34
Cheshire	175	8	Middlefield	18	0	Suffield	103	16
Chester	45	1	Middletown	538	29	Thomaston	52	2
Clinton	50	2	Milford	609	21	Thompson	33	1
Colchester	35	2	Monroe	99	7	Tolland	38	9
Colebrook	3	0	Montville	244	7	Torrington	487	33
Columbia	22	0	Morris	14	0	Trumbull	477	47
Cornwall	6	0	Naugatuck	357	10	Union	5	1
Coventry	35	4	New Britain	908	63	Vernon	163	16
Cromwell	106	12	New Canaan	163	3	Voluntown	9	0
Danbury	1726	71	New Fairfield	107	0	Wallingford	432	13
Darien	200	7	New Hartford	25	0	Warren	4	0
Deep River	8	2	New Haven	2410	58	Washington	21	0
Derby	156	1	New London	132	5	Waterbury	1810	96
Durham	32	1	New Milford	261	8	Waterford	150	6
East Granby	8	1	Newington	333	24	Watertown	136	6
East Haddam	16	1	Newtown	204	9	West Hartford	611	52
East Hampton	38	5	Norfolk	10	1	West Haven	1008	29
East Hartford	729	68	North Branford	76	5	Westbrook	29	0
East Haven	368	22	North Canaan	5	1	Weston	62	1
East Lyme	134	11	North Haven	240	5	Westport	275	15
East Windsor	136	15	North Stonington	11	1	Wethersfield	241	8
Eastford	8	0	Norwalk	1930	66	Willington	13	0
Easton	30	1	Norwich	85	6	Wilton	177	25
Ellington	53	6	Old Lyme	15	0	Winchester	51	0
Enfield	416	18	Old Saybrook	79	1	Windham	174	2
Essex	23	0	Orange	112	1	Windsor	498	50
Fairfield	563	45	Oxford	74	3	Windsor Locks	105	6
Farmington	187	7	Plainfield	30	1	Wolcott	95	4
Franklin	4	0	Plainville	141	2	Woodbridge	136	9
Glastonbury	255	21	Plymouth	66	4	Woodbury	41	1
Goshen	8	0	Pomfret	13	1	Woodstock	13	0
Granby	20	1	Portland	57	4			
Greenwich	697	94	Preston	14	0			

**APPENDIX B.** The following graphs show the number of cases and deaths by race and ethnicity. Categories are mutually exclusive. The category “multiracial” includes people who answered ‘yes’ to more than one race category. Counts may not add up to total case counts as data on race and ethnicity may be missing. NH=Non-Hispanic



The following graphs show the number of COVID-19 cases and COVID-19-associated deaths per 100,000 population by race and ethnicity. Crude rates represent the total cases or deaths per 100,000 people. Age-adjusted rates consider the age of the person at diagnosis or death when estimating the rate and use a standardized population to provide a fair comparison between population groups with different age distributions. Age-adjustment is important in Connecticut as the median age of among the non-Hispanic white population is 47 years, whereas it is 34 years among non-Hispanic blacks, and 29 years among Hispanics. Because most non-Hispanic white residents who died were over 75 years of age, the age-adjusted rates are lower than the unadjusted rates. In contrast, Hispanic residents who died tend to be younger than 75 years of age which results in higher age-adjusted rates. The 2018 Connecticut and 2000 US Standard Million populations were used for age adjustment; population estimates from: [DPH Population Statistics](#). Categories are mutually exclusive. Counts may not add up to total case counts as data on race and ethnicity may be missing. NH=Non-Hispanic.\*



\*Age adjusted rates calculated only for groups with more than 20 deaths.



# EXHIBIT E

## COVID-19 Update July 01, 2020

As of **June 30, 2020, at 8:30 PM**, the total of laboratory-confirmed and probable COVID-19 cases reported among Connecticut residents is **46572**, including **44593** laboratory-confirmed and **1979** probable cases. **One hundred** patients are currently hospitalized with laboratory-confirmed COVID-19. There have been **4324** COVID-19-associated deaths.

In Connecticut during the early months of this pandemic, it became increasingly clear that it would be necessary to track probable COVID-19 cases and deaths, in addition to laboratory-confirmed (RT-PCR) cases and deaths. This was needed to better measure the burden and impact of this disease in our communities and is now part of the [national surveillance case definition for COVID-19](#). Probable cases of COVID-19 involve persons who have not had confirmatory laboratory testing (RT-PCR) performed for COVID-19, but whose symptoms indicate they are likely to have a COVID-19 infection. In Connecticut, most of the probable COVID-19 cases involve persons whose death certificates list COVID-19 disease or SARS-CoV-2 as a cause of death or a significant condition contributing to death. Prior to June 1, probable and confirmed cases were reported together.

Overall Summary	Total**	Change Since Yesterday
COVID-19 Cases	46572	+58
COVID-19-Associated Deaths	4324	+2
Patients Currently Hospitalized with COVID-19	100	+2
COVID-19 PCR Tests Reported	475862	+11448

\*\*Includes confirmed plus probable cases

### COVID-19 Cases and Associated Deaths by County of Residence

As of 06/30/20 8:30pm. Includes patients tested at the State Public Health Laboratory, hospital, and commercial laboratories.

County	COVID-19 Cases		COVID-19-Associated Deaths	
	Confirmed	Probable	Confirmed	Probable
Fairfield County	16078	639	1070	306
Hartford County	11013	678	1059	314
Litchfield County	1427	63	117	20
Middlesex County	1245	59	146	39
New Haven County	11978	390	926	147
New London County	1206	62	76	26
Tolland County	843	70	50	14
Windham County	605	7	13	1
Pending address validation	198	11	0	0
<b>Total</b>	<b>44593</b>	<b>1979</b>	<b>3457</b>	<b>867</b>

[National COVID-19 statistics](#) and information about [preventing spread of COVID-19](#) are available from the Centers for Disease Control and Prevention.

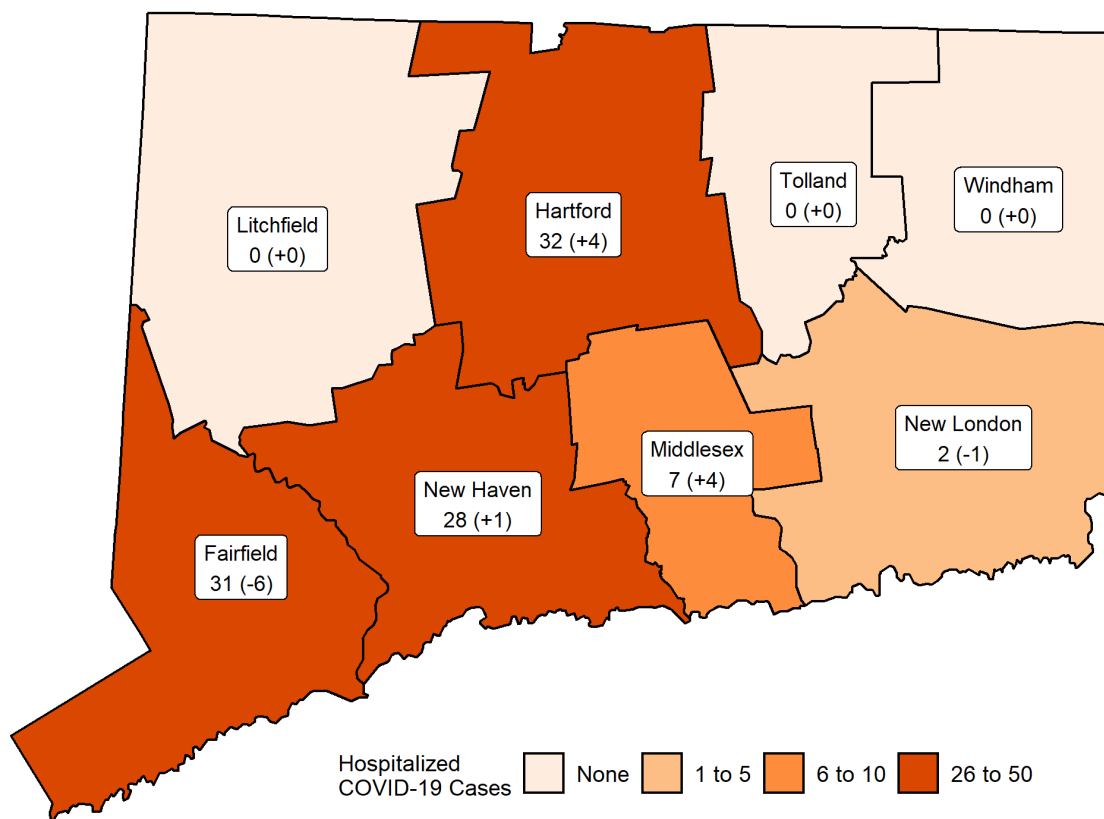
**Day-to-day changes reflect newly reported cases, deaths, and tests that occurred over the last several days to week.** All data in this report are preliminary; data for previous dates will be updated as new reports are received and data errors are corrected. Hospitalization data were collected by the Connecticut Hospital Association. Deaths reported to either OCME or DPH are included in the daily COVID-19 update.

## Hospitalization Surveillance

The map below shows the number of patients currently hospitalized with laboratory-confirmed COVID-19 by county based on data collected by the Connecticut Hospital Association. The distribution is by location of hospital, not patient residence. The labels indicate the number of patients currently hospitalized with the change since yesterday in parentheses.

### Patients Currently Hospitalized by Connecticut County

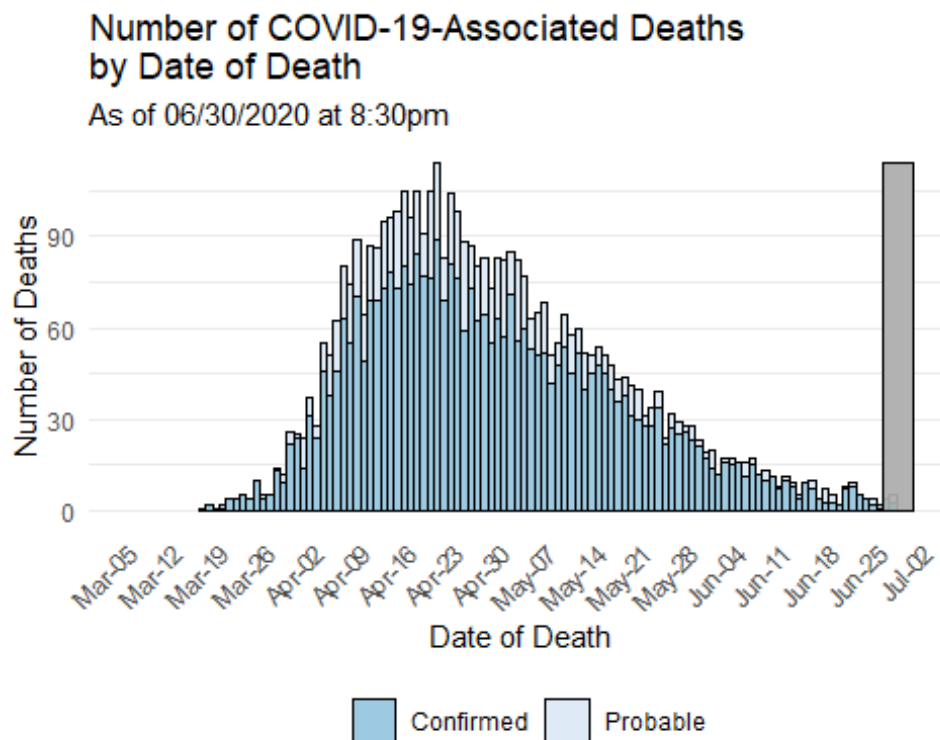
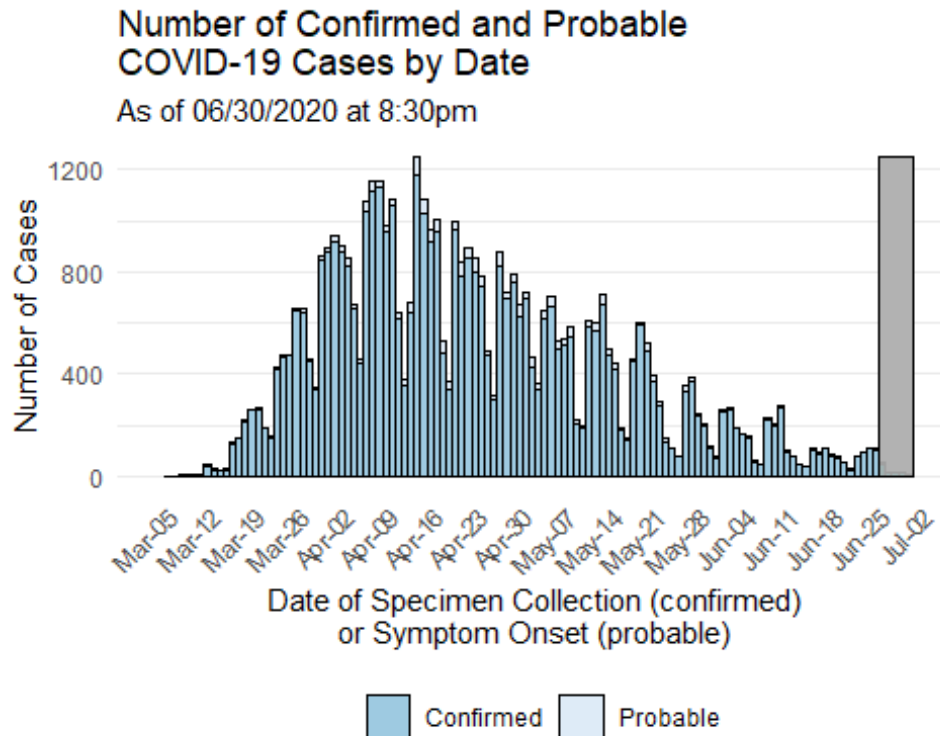
*Distribution by location of hospital not patient residence. Data from the Connecticut Hospital Association.*



More information about hospitalized cases of COVID-19 in New Haven and Middlesex Counties is available from [COVID-NET](#).

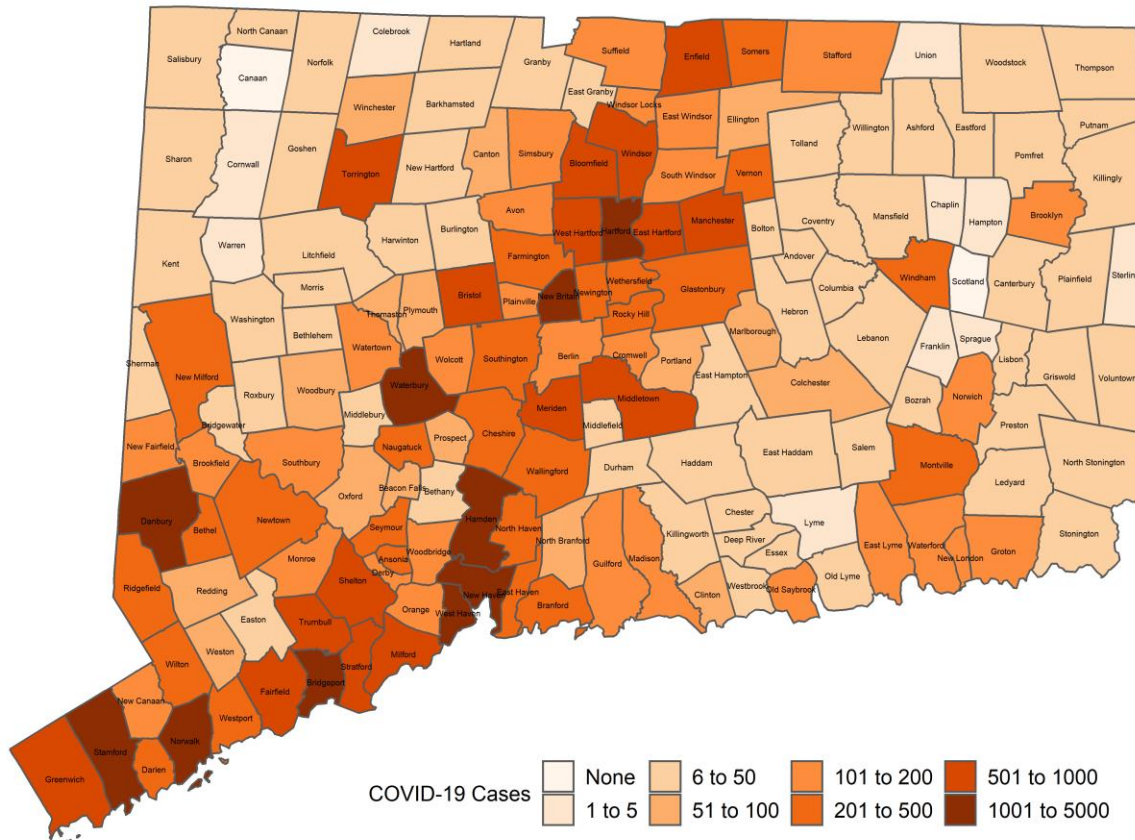
## Characteristics of COVID-19 Cases and Associated Deaths

Test results may be reported several days after the result. Data are incomplete for most recent dates shaded in grey. Data from previous dates are routinely updated.



## Cumulative Number of COVID-19 Cases by Town

Map does not include 198 cases pending address validation

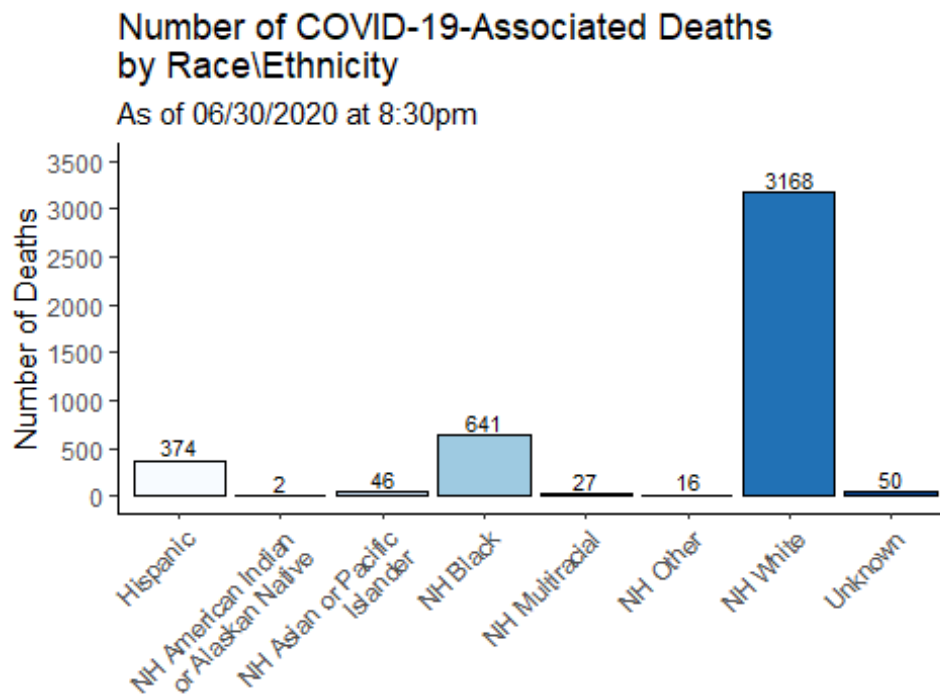
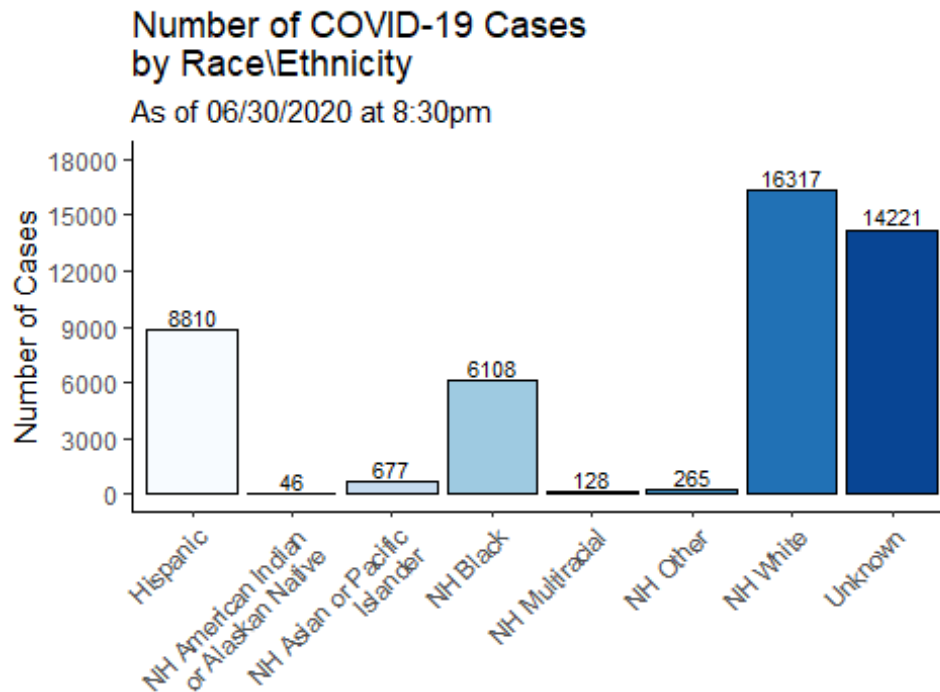


## APPENDIX A. Cumulative Number of COVID-19 Cases by Town

Table does not include 198 cases pending address validation

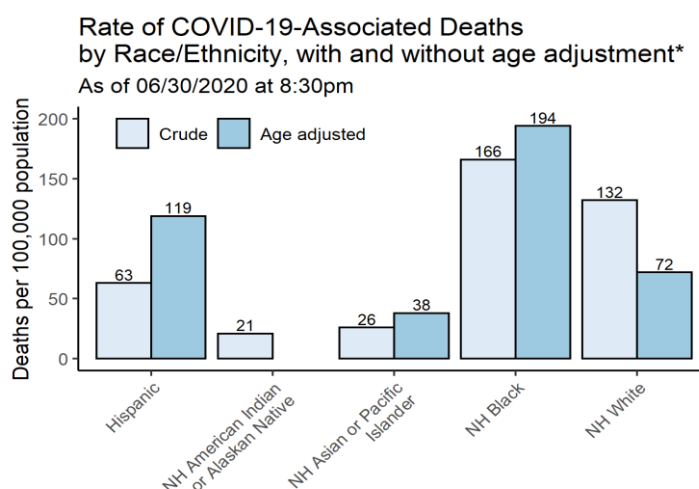
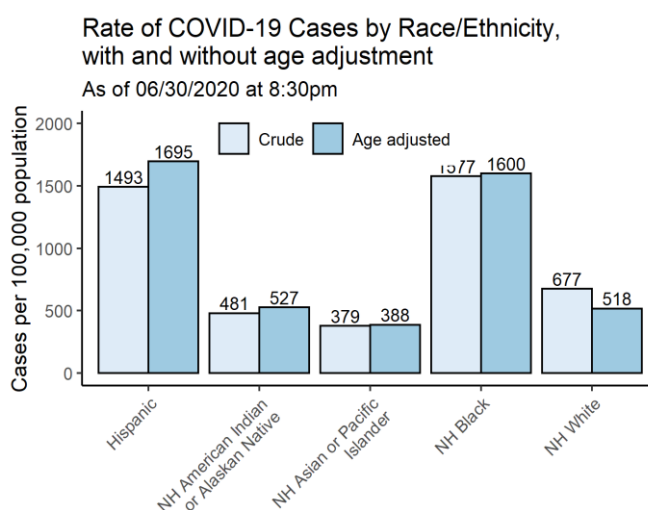
Town	Confirmed Cases	Probable Cases	Town	Confirmed Cases	Probable Cases	Town	Confirmed Cases	Probable Cases
Andover	9	0	Griswold	29	3	Prospect	63	0
Ansonia	276	8	Groton	116	12	Putnam	30	1
Ashford	18	0	Guilford	98	4	Redding	66	3
Avon	134	8	Haddam	28	1	Ridgefield	203	12
Barkhamsted	25	1	Hamden	993	35	Rocky Hill	403	18
Beacon Falls	55	0	Hampton	2	0	Roxbury	5	3
Berlin	157	7	Hartford	2446	146	Salem	6	0
Bethany	38	0	Hartland	6	0	Salisbury	12	0
Bethel	251	9	Harwinton	28	3	Scotland	0	0
Bethlehem	11	1	Hebron	26	2	Seymour	219	12
Bloomfield	485	30	Kent	7	1	Sharon	14	0
Bolton	21	1	Killingly	33	2	Shelton	590	42
Bozrah	8	0	Killingworth	13	0	Sherman	14	2
Branford	335	7	Lebanon	26	0	Simsbury	112	12
Bridgeport	3559	126	Ledyard	22	0	Somers	261	27
Bridgewater	8	0	Lisbon	10	0	South Windsor	153	16
Bristol	592	17	Litchfield	39	1	Southbury	192	5
Brookfield	160	4	Lyme	2	0	Southington	327	13
Brooklyn	126	1	Madison	142	7	Sprague	5	0
Burlington	24	1	Manchester	693	59	Stafford	110	8
Canaan	0	0	Mansfield	33	2	Stamford	3220	69
Canterbury	14	1	Marlborough	87	4	Sterling	2	0
Canton	84	9	Meriden	851	36	Stonington	26	5
Chaplin	3	0	Middlebury	45	3	Stratford	829	36
Cheshire	208	7	Middlefield	18	0	Suffield	128	15
Chester	45	1	Middletown	601	26	Thomaston	57	2
Clinton	57	3	Milford	650	22	Thompson	39	1
Colchester	51	2	Monroe	114	3	Tolland	40	8
Colebrook	3	0	Montville	283	6	Torrington	519	27
Columbia	24	0	Morris	13	1	Trumbull	511	51
Cornwall	5	0	Naugatuck	385	9	Union	4	1
Coventry	41	4	New Britain	1014	73	Vernon	195	12
Cromwell	123	12	New Canaan	171	3	Voluntown	9	0
Danbury	1850	74	New Fairfield	112	0	Wallingford	480	11
Darien	206	3	New Hartford	25	0	Warren	5	0
Deep River	13	2	New Haven	2630	54	Washington	22	1
Derby	167	0	New London	157	6	Waterbury	1930	89
Durham	38	2	New Milford	290	6	Waterford	161	9
East Granby	10	0	Newington	373	22	Watertown	145	7
East Haddam	17	0	Newtown	230	12	West Hartford	645	56
East Hampton	45	4	Norfolk	11	1	West Haven	1034	34
East Hartford	833	60	North Branford	81	4	Westbrook	31	0
East Haven	397	22	North Canaan	5	1	Weston	63	3
East Lyme	143	11	North Haven	261	4	Westport	290	15
East Windsor	143	14	North Stonington	14	1	Wethersfield	247	5
Eastford	8	0	Norwalk	2022	56	Willington	15	0
Easton	31	1	Norwich	97	7	Wilton	190	28
Ellington	64	5	Old Lyme	21	0	Winchester	51	1
Enfield	590	11	Old Saybrook	106	4	Windham	262	0
Essex	43	0	Orange	124	1	Windsor	535	45
Fairfield	602	51	Oxford	78	3	Windsor Locks	113	6
Farmington	207	7	Plainfield	39	1	Wolcott	104	6
Franklin	5	0	Plainville	172	3	Woodbridge	142	7
Glastonbury	278	21	Plymouth	68	5	Woodbury	51	1
Goshen	8	0	Pomfret	13	0	Woodstock	16	0
Granby	22	0	Portland	67	4			
Greenwich	794	36	Preston	15	0			

**APPENDIX B.** The following graphs show the number of cases and deaths by race and ethnicity. Categories are mutually exclusive. The category “multiracial” includes people who answered ‘yes’ to more than one race category. NH=Non-Hispanic



The following graphs show the number of COVID-19 cases and COVID-19-associated deaths per 100,000 population by race and ethnicity. Crude rates represent the total cases or deaths per 100,000 people. Age-adjusted rates consider the age of the person at diagnosis or death when estimating the rate and use a standardized population to provide a fair comparison between population groups with different age distributions. Age-adjustment is important in Connecticut as the median age of among the non-Hispanic white population is 47 years, whereas it is 34 years among non-Hispanic blacks, and 29 years among Hispanics. Because most non-Hispanic white residents who died were over 75 years of age, the age-adjusted rates are lower than the unadjusted rates. In contrast, Hispanic residents who died tend to be younger than 75 years of age which results in higher age-adjusted rates.

The 2018 Connecticut and 2000 US Standard Million populations were used for age adjustment; population estimates from: [DPH Population Statistics](#). Categories are mutually exclusive. Cases missing data on race/ethnicity are excluded from calculation of rates. NH=Non-Hispanic



\*Age adjusted rates only calculated for groups with at least 30 deaths

# EXHIBIT F

## COVID-19 Update September 01, 2020

As of **August 31, 2020, at 8:30 PM**, the total of laboratory-confirmed and probable COVID-19 cases reported among Connecticut residents is **53006**, including **50883** laboratory-confirmed and **2123** probable cases. **Fifty-six** patients are currently hospitalized with laboratory-confirmed COVID-19. There have been **4466** COVID-19-associated deaths.

In Connecticut during the early months of this pandemic, it became increasingly clear that it would be necessary to track probable COVID-19 cases and deaths, in addition to laboratory-confirmed (RT-PCR) cases and deaths. This was needed to better measure the burden and impact of this disease in our communities and is now part of the [national surveillance case definition for COVID-19](#). Probable cases of COVID-19 involve persons who have not had confirmatory laboratory testing (RT-PCR) performed for COVID-19, but whose symptoms indicate they are likely to have a COVID-19 infection. In Connecticut, most of the probable COVID-19 cases involve persons whose death certificates list COVID-19 disease or SARS-CoV-2 as a cause of death or a significant condition contributing to death. Prior to June 1, probable and confirmed cases were reported together.

Overall Summary	Total**	Change Since Yesterday
COVID-19 Cases	53006	+127
COVID-19-Associated Deaths	4466	+1
Patients Currently Hospitalized with COVID-19	56	+4
COVID-19 PCR Tests Reported	1190215	+19245

\*\*Includes confirmed plus probable cases

### COVID-19 Cases and Associated Deaths by County of Residence

As of 08/31/20 8:30pm.

County	COVID-19 Cases		COVID-19-Associated Deaths	
	Confirmed	Probable	Confirmed	Probable
Fairfield County	18204	735	1101	314
Hartford County	12870	659	1104	321
Litchfield County	1640	73	118	20
Middlesex County	1402	64	154	38
New Haven County	13266	445	959	150
New London County	1519	68	80	27
Tolland County	1080	67	51	14
Windham County	797	10	14	1
Pending address validation	105	2	0	0
<b>Total</b>	<b>50883</b>	<b>2123</b>	<b>3581</b>	<b>885</b>

[National COVID-19 statistics](#) and information about [preventing spread of COVID-19](#) are available from the Centers for Disease Control and Prevention.



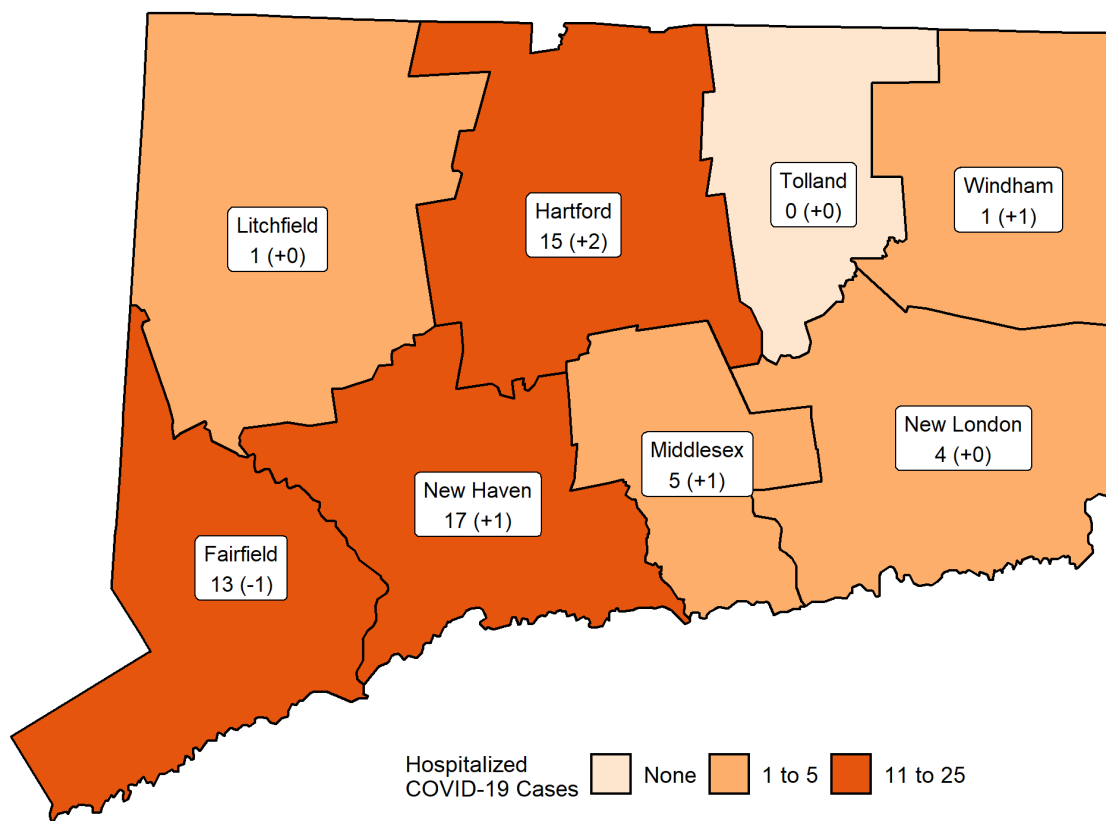
**Day-to-day changes reflect newly reported cases, deaths, and tests that occurred over the last several days to week.** All data in this report are preliminary; data for previous dates will be updated as new reports are received and data errors are corrected. Hospitalization data were collected by the Connecticut Hospital Association. Deaths reported to either OCME or DPH are included in the daily COVID-19 update.

## Hospitalization Surveillance

The map below shows the number of patients currently hospitalized with laboratory-confirmed COVID-19 by county based on data collected by the Connecticut Hospital Association. The distribution is by location of hospital, not patient residence. The labels indicate the number of patients currently hospitalized with the change since yesterday in parentheses.

### Patients Currently Hospitalized by Connecticut County

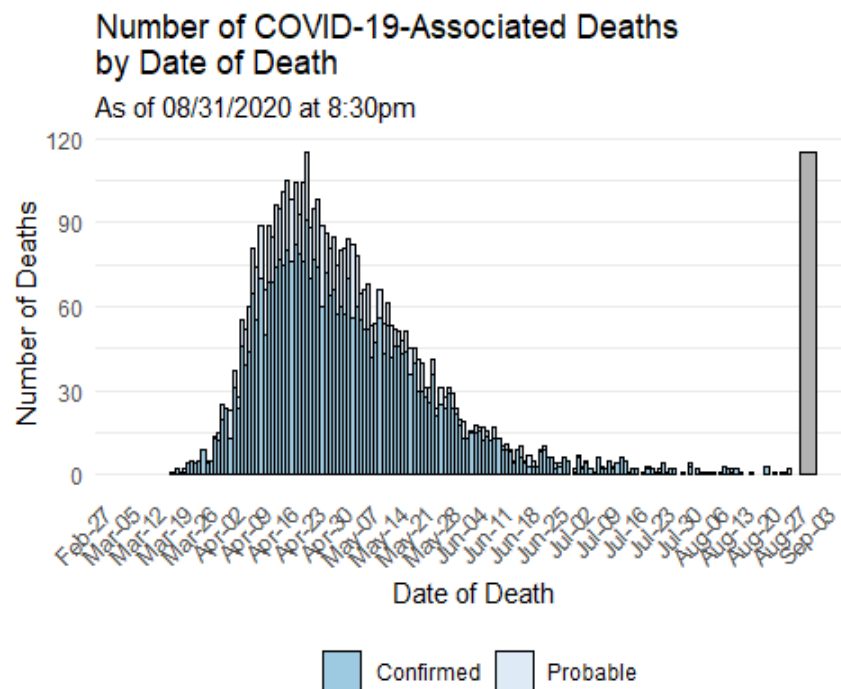
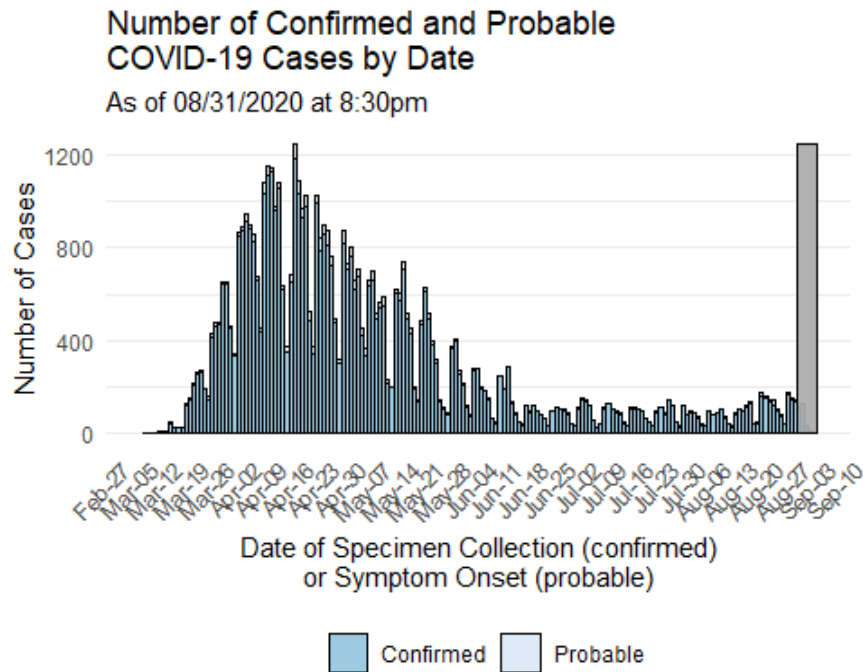
*Distribution by location of hospital not patient residence. Data from the Connecticut Hospital Association.*



More information about hospitalized cases of COVID-19 in New Haven and Middlesex Counties is available from [COVID-NET](#).

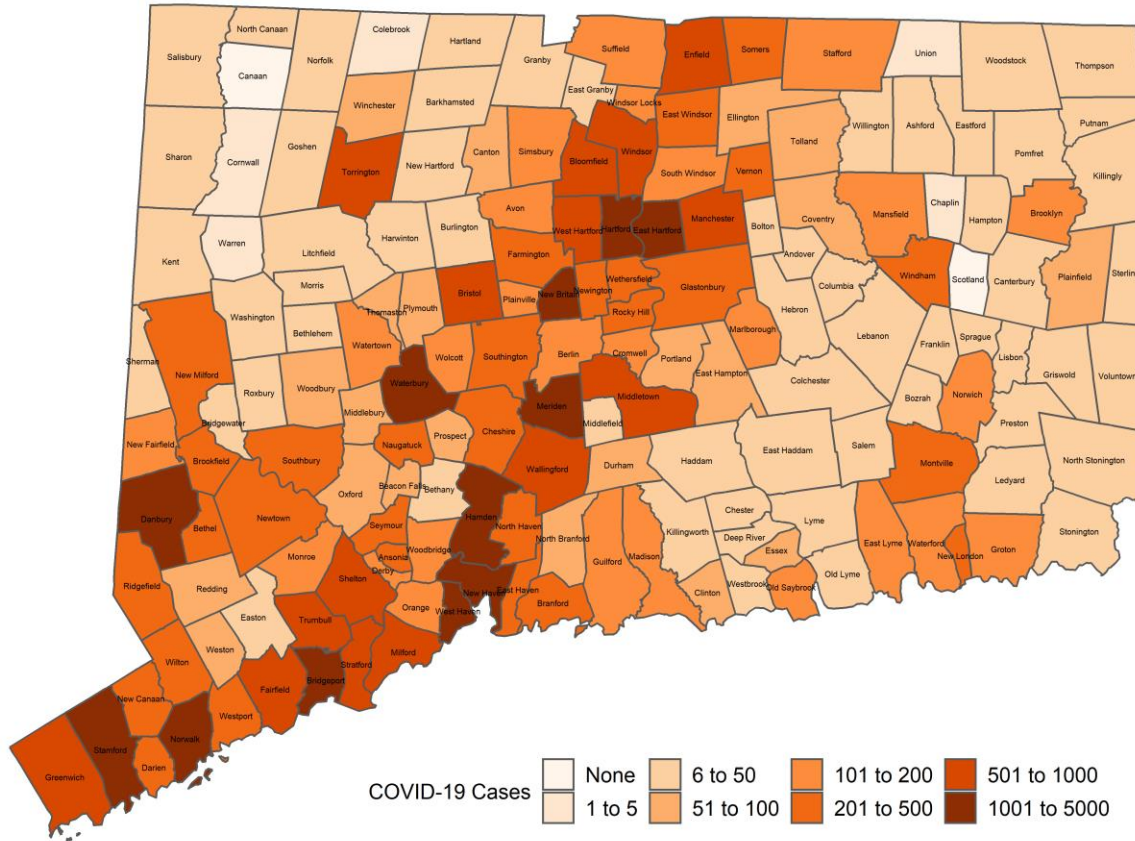
## Characteristics of COVID-19 Cases and Associated Deaths

Test results may be reported several days after the result. Data are incomplete for most recent dates shaded in grey. Data from previous dates are routinely updated.



## Cumulative Number of COVID-19 Cases by Town

Map does not include 105 cases pending address validation

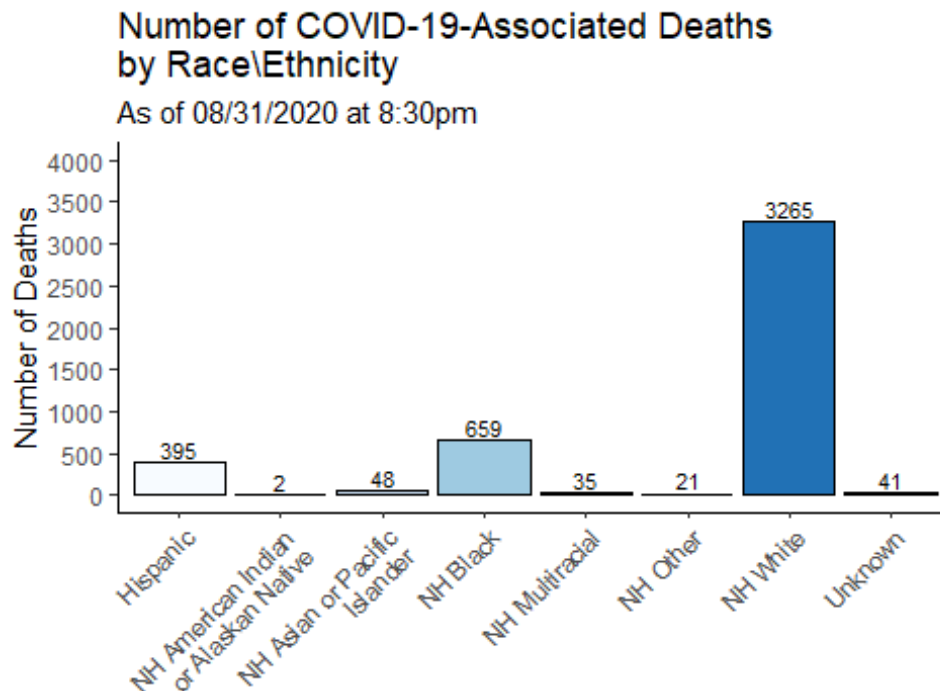
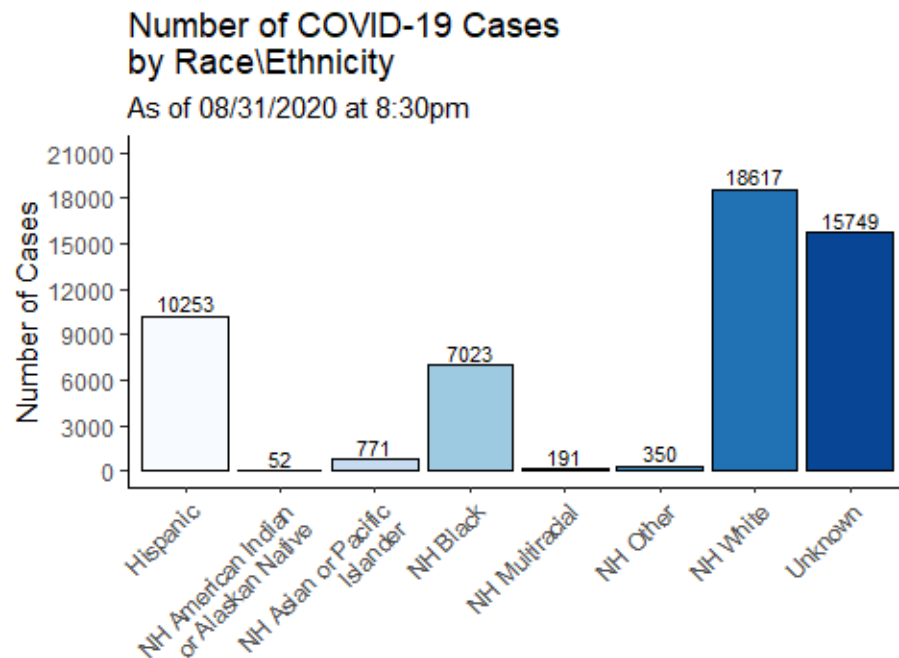


## APPENDIX A. Cumulative Number of COVID-19 Cases by Town

Table does not include 105 cases pending address validation

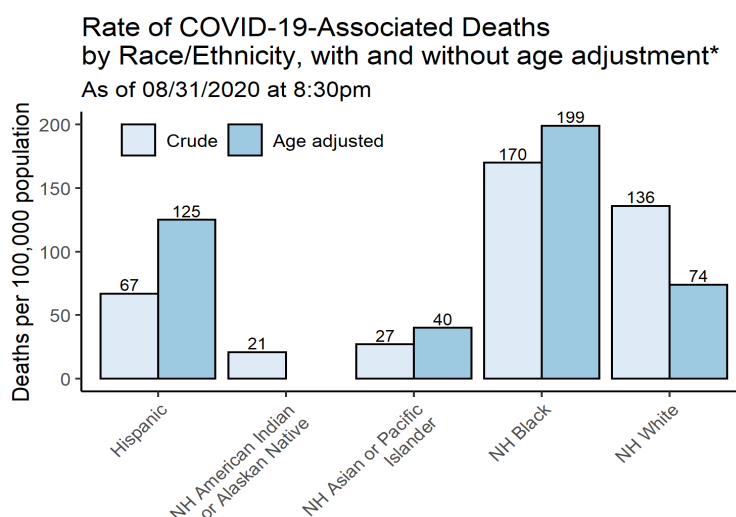
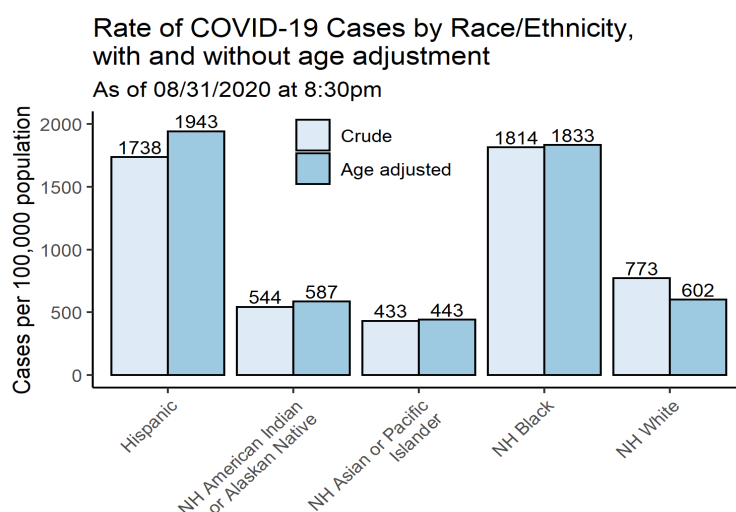
Town	Confirmed Cases	Probable Cases	Town	Confirmed Cases	Probable Cases	Town	Confirmed Cases	Probable Cases
Andover	9	0	Griswold	44	2	Prospect	77	0
Ansonia	297	7	Groton	163	14	Putnam	40	1
Ashford	22	1	Guilford	112	5	Redding	74	6
Avon	155	10	Haddam	43	1	Ridgefield	244	13
Barkhamsted	31	2	Hamden	1071	40	Rocky Hill	436	18
Beacon Falls	61	0	Hampton	7	0	Roxbury	9	3
Berlin	185	9	Hartford	2912	125	Salem	13	0
Bethany	39	1	Hartland	6	0	Salisbury	20	1
Bethel	284	19	Harwinton	35	3	Scotland	0	0
Bethlehem	12	1	Hebron	32	2	Seymour	234	10
Bloomfield	530	30	Kent	11	1	Sharon	16	0
Bolton	23	1	Killingly	45	4	Shelton	659	38
Bozrah	13	0	Killingworth	17	0	Sherman	15	4
Branford	360	13	Lebanon	27	0	Simsbury	133	14
Bridgeport	3969	120	Ledyard	33	0	Somers	292	21
Bridgewater	12	0	Lisbon	11	0	South Windsor	163	15
Bristol	670	17	Litchfield	48	2	Southbury	206	5
Brookfield	193	10	Lyme	8	0	Southington	364	15
Brooklyn	147	1	Madison	158	7	Sprague	6	1
Burlington	39	1	Manchester	784	62	Stafford	117	8
Canaan	0	0	Mansfield	110	6	Stamford	3473	76
Canterbury	19	1	Marlborough	98	4	Sterling	8	0
Canton	91	9	Meriden	987	36	Stonington	35	5
Chaplin	5	0	Middlebury	51	4	Stratford	885	41
Cheshire	237	8	Middlefield	20	0	Suffield	172	15
Chester	48	1	Middletown	650	25	Thomaston	67	2
Clinton	66	4	Milford	695	24	Thompson	46	1
Colchester	46	3	Monroe	141	5	Tolland	50	8
Colebrook	5	0	Montville	319	7	Torrington	569	23
Columbia	29	0	Morris	15	0	Trumbull	549	51
Cornwall	5	0	Naugatuck	427	11	Union	4	1
Coventry	52	4	New Britain	1290	57	Vernon	269	12
Cromwell	132	14	New Canaan	205	4	Voluntown	13	0
Danbury	2462	121	New Fairfield	127	4	Wallingford	520	11
Darien	246	7	New Hartford	35	0	Warren	5	0
Deep River	15	2	New Haven	2931	65	Washington	26	1
Derby	183	0	New London	202	6	Waterbury	2177	96
Durham	48	4	New Milford	324	15	Waterford	176	8
East Granby	13	0	Newington	409	20	Watertown	162	9
East Haddam	28	0	Newtown	260	15	West Hartford	774	58
East Hampton	54	5	Norfolk	14	1	West Haven	1138	44
East Hartford	986	58	North Branford	91	4	Westbrook	34	0
East Haven	430	24	North Canaan	8	1	Weston	86	3
East Lyme	152	12	North Haven	291	7	Westport	338	14
East Windsor	198	14	North Stonington	15	1	Wethersfield	280	6
Eastford	12	0	Norwalk	2130	59	Willington	16	0
Easton	35	1	Norwich	176	8	Wilton	222	26
Ellington	77	4	Old Lyme	27	0	Winchester	64	1
Enfield	710	14	Old Saybrook	118	4	Windham	331	0
Essex	53	0	Orange	139	4	Windsor	575	44
Fairfield	691	55	Oxford	89	4	Windsor Locks	134	6
Farmington	235	8	Plainfield	65	1	Wolcott	124	7
Franklin	15	0	Plainville	179	2	Woodbridge	141	8
Glastonbury	316	26	Plymouth	77	5	Woodbury	57	1
Goshen	13	1	Pomfret	19	0	Woodstock	31	0
Granby	33	2	Portland	76	4			
Greenwich	916	43	Preston	25	1			

**APPENDIX B.** The following graphs show the number of cases and deaths by race and ethnicity. Categories are mutually exclusive. The category “multiracial” includes people who answered ‘yes’ to more than one race category. NH=Non-Hispanic



The following graphs show the number of COVID-19 cases and COVID-19-associated deaths per 100,000 population by race and ethnicity. Crude rates represent the total cases or deaths per 100,000 people. Age-adjusted rates consider the age of the person at diagnosis or death when estimating the rate and use a standardized population to provide a fair comparison between population groups with different age distributions. Age-adjustment is important in Connecticut as the median age of among the non-Hispanic white population is 47 years, whereas it is 34 years among non-Hispanic blacks, and 29 years among Hispanics. Because most non-Hispanic white residents who died were over 75 years of age, the age-adjusted rates are lower than the unadjusted rates. In contrast, Hispanic residents who died tend to be younger than 75 years of age which results in higher age-adjusted rates.

The 2018 Connecticut and 2000 US Standard Million populations were used for age adjustment; population estimates from: [DPH Population Statistics](#). Categories are mutually exclusive. Cases missing data on race/ethnicity are excluded from calculation of rates. NH=Non-Hispanic



*\*Age adjusted rates only calculated for groups with at least 30 deaths*

# EXHIBIT G

## STATE OF CONNECTICUT

### BY HIS EXCELLENCY

NED LAMONT

### EXECUTIVE ORDER NO. 9

#### **PROTECTION OF PUBLIC HEALTH AND SAFETY DURING COVID-19 PANDEMIC – AUTHORITY TO ISSUE GUIDANCE AND RULES RELATED TO SCHOOL AND CHILDCARE SETTINGS AND EXTENSION OF RESTRICTIONS ON SALE OF ALCOHOL WITHOUT FOOD**

**WHEREAS**, on March 10, 2020, I declared public health and civil preparedness emergencies throughout the State of Connecticut as a result of the coronavirus disease 2019 (COVID-19) outbreak in the United States and Connecticut; and

**WHEREAS**, pursuant to such declaration, I have issued sixty-seven (67) executive orders to suspend or modify statutes and to take other actions necessary to protect public health and safety and to mitigate the effects of the COVID-19 pandemic; and

**WHEREAS**, on September 1, 2020, I renewed the March 10, 2020 declaration of public health and civil preparedness emergencies and also issued new declarations of public health and civil preparedness emergencies, which new and renewed emergencies shall remain in effect until February 9, 2021, unless earlier terminated; and

**WHEREAS**, COVID-19 is a respiratory disease that spreads easily from person to person and may result in serious illness or death; and

**WHEREAS**, the World Health Organization has declared the COVID-19 outbreak a pandemic; and

**WHEREAS**, to reduce the spread of COVID-19, the United States Centers for Disease Control and Prevention (CDC) and the Connecticut Department of Public Health (DPH) recommend implementation of community mitigation strategies to slow transmission of COVID-19, including cancellation of gatherings of ten people or more and social distancing in smaller gatherings; and

**WHEREAS**, public health experts have determined that it is possible to transmit COVID-19 even before a person shows symptoms and through aerosol transmission; and

**WHEREAS**, to provide for safe resumption of economic and social activity with a reduced threat of transmission of COVID-19, Executive Order No. 7MM, issued May 12, 2020, provided for the expansion and expedited approval of certain outdoor activities, including restaurant dining and retail sales; and

**WHEREAS**, the State of Connecticut has allowed businesses with on-premise food and liquor sales to open by following strict rules to protect public health; and

**WHEREAS**, the return of students to school and the return of more children to child care settings in the coming weeks require measures to adapt operations of those settings to provide for safety and promote learning while preventing the transmission of COVID-19 among students, children, staff, and those they will interact with; and

**WHEREAS**, the commissioners of Education and Early Childhood are best placed to assess and develop the specific operational rules required for settings subject to their authority and oversight related to the implementation of executive orders designed to reduce or limit the transmission of COVID-19; and

**WHEREAS**, in order to protect the public health by restricting activities that could increase the risk of transmission of COVID-19, Executive Order No. 7D, Section 2, among other things, prohibited the sale of alcohol by certain permittees without the sale of food; and

**WHEREAS**, upon a proclamation that a public health or civil preparedness emergency exists, Section 28-9(b) of the Connecticut General Statutes authorizes the modification or suspension in whole or in part by executive order of any statute or regulation or requirement or part thereof that conflicts with the efficient and expeditious execution of civil preparedness functions or the protection of public health; and

**NOW, THEREFORE, I, NED LAMONT**, Governor of the State of Connecticut, by virtue of the authority vested in me by the Constitution and the laws of the State of Connecticut, do hereby **ORDER AND DIRECT**:

- 1. Commissioners of Early Childhood and Education May Issue Operational Rules.** To promote and secure the safety and protection of adults and children in public schools and childcare settings, including camps, related to the risks of COVID-19, the Commissioner of Education and the Commissioner of Early Childhood, in consultation with the Commissioner of Public Health, may issue binding guidance, rules, or orders for operation of schools or childcare settings that each deems necessary to respond to the COVID-19 pandemic or its effects or to implement any previous or future executive order issued in response to the COVID-19 pandemic. Such rules or binding guidance may include rules related to the required use of masks or face-coverings in school buildings and child care settings and may allow for medical, developmental, or disability-related exceptions; phase-in periods in early childhood settings to promote compliance and acclimation by young children; and mask breaks, as each commissioner deems necessary. Such guidance, rules, or orders are not included in the definition set forth in Section 4-166(16) of the Connecticut General Statutes. The operative school reopening document issued by the State Department of Education on June 29, 2020, entitled *Adapt, Advance, Achieve: Connecticut's Plan to Learn and Grow Together*, and related addendums, as amended from time to time, are deemed such binding guidance, rules or orders as authorized by this order. This authority to issue rules or binding guidance related to mask use in early childhood settings supersedes the exception for children in child care settings contained in Executive Order No. 7NNN, Section 1.



2. **Extension of Prohibition on Sale of Alcohol by Certain Permittees Without the Sale of Food.** The provisions of Executive Order No. 7D, Section 2 not previously repealed, and as amended by Executive Order Nos. 7G, 7T, and 7ZZ, which prohibit the sale of alcohol by certain permittees without the sale of food, shall remain in effect until September 26, 2020, unless earlier modified or terminated.

Unless otherwise specified herein, this order shall take effect immediately and remain in effect until February 9, 2021.

Dated at Hartford, Connecticut, this 4th day of September, 2020.



Ned Lamont  
Governor



By His Excellency's Command



Denise W. Merrill  
Secretary of the State